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Colorado Medicine

January 1, 1990

Volume 87, Issue Number 1

How Will Colorado's General Assembly Vote In 1990?

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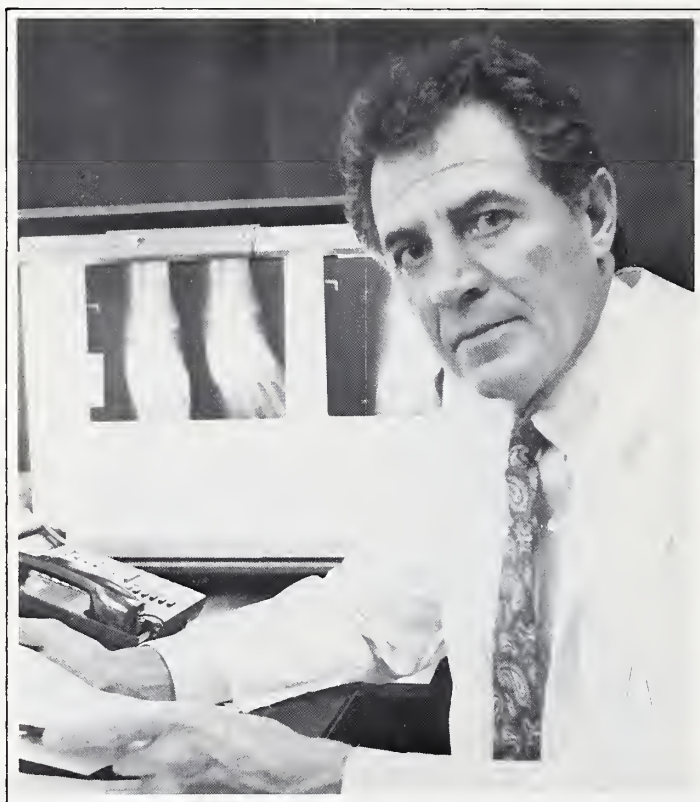
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*COPIC... As much a part
of my practice as my office
and our community hospital.*

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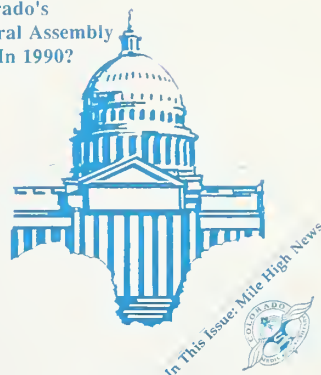
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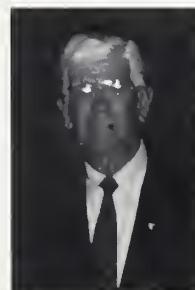
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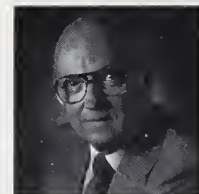
How Will
 Colorado's
 General Assembly
 Vote In 1990?



This Month's Cover— How Will Colorado's General Assembly Vote in 1990? Every year, the Government Relations Department of Colorado Medical Society rates how lawmakers voted on issues of interest to Colorado physicians. This year, we thought a head start would enable organized medicine to take the lead in influencing the process. See an analysis of the upcoming legislative issues on pages 4-7 of this issue.

CORRECTION—On last month's cover we featured three physicians who were honored for fifty years in medical practice. One of those was incorrectly identified. We offer apologies and sincere congratulations on his accomplishment to **Bernard T. "Dan" Daniels, M.D.** of Greeley.





*John F. Farrington, M.D.
President, Colorado Medical Society
1989-1990*

I want to wish each of you a very happy holiday season. It is the season for family, friends, and for reflection on our good fortune.

As night follows day, the holiday season is followed by a legislative session. For many of us our involvement in the political process is limited to voting every two years. Many of us believe "politics" is a "dirty word", but it is the way our society governs itself. We must never forget that politics is the art of the possible; it is how we get things done.

We may distrust politicians and the political process, but the vast majority of politicians are dedicated citizens who have decided to fulfill their societal obligation by actively participating in our form of constitutional government. Each politician represents a constituency of those who voted for them, those who voted against them and those who didn't vote. More important than whether you voted for or against your representative and senator is how you relate to them once they are in office. They actively seek input from each of us before, during and after the legislative session. Legislators are not mind readers; tell them what you think.

We are the patients' advocates and it is our responsibility to serve the community and influence the legislative process when issues pertaining to patient care are proposed and debated.

The CMS Government Relations Department has undergone changes over the fall months. Sue Ellen Quam is the new director of this department. If you need information about legislative activities, call either Sue Ellen or Lorraine Koehn at 779-5455 or 1-800-654-5653.

The CMS Board has designated legislation as its number one priority in representing the interests of the physicians of Colorado. Over the past few months, the Council on Legislation and the Department of Government Relations have actively participated in the various interim committees of the state legislature, and are monitoring proposed bills. Through their activities, CMS will develop positions for or against bills which pertain to health care.

Several proposed pieces of legislation were outlined in the December issue and in this issue of **Colorado Medicine**. During this legislative session we will be actively following these and other bills. Some of the important bills that we will be following are:

- 1) Establishment of a health service commission which will be directed to develop a list of prioritized health services to be considered for funding under the bill.
- 2) Extend the program for the medically indigent until 1996.
- 3) Provide ambulatory insurance coverage through a managed health care system for low income children without health insurance who are less than nine years old.

In addition, legislation is being proposed before house and senate committees in support or opposition to

these and many other bills. We never win them all but, as President Lincoln said, "no matter how hard a dog scratches, he can't reach all the fleas". Our track record over the years indicates we reach more fleas than we miss.

Although legislative activities carried out by CMS on your behalf is our first priority, your personal involvement is of equal importance to achieve legislative success.

CMS encourages each of you to become involved in four political areas:

- 1) **Vote in every election. Your vote is as important as any other person's vote. If you don't vote, don't complain.**
- 2) **Take a moment to get to know your legislators and offer your services to help them come to logical solutions on the problems they face.**
- 3) **Become familiar with the issues. Be able to talk with your legislators on a factual basis, not on an emotional basis.**
- 4) **Contribute to the Colorado Political Action Committee (COMPAC). It is through COMPAC that CMS can support the friends of medicine in upcoming elections. We ask a great deal of our legislators and they respond. The least we can do is provide financial support to our friends.**

If you don't have five minutes to contact your elected representatives about legislative issues that will influence your future, you may not have a future. Communicate! Communicate! Communicate with your legislature! Make 1990 a Happy New Year.

Donald Parsons, MD, Chairman
Council on Legislation
with

Sue Ellen Quam, Director
Government Relations Department
and

Lorraine, Koehn, Lobbyist



New Chairman for Council on Legislation

Donald Parsons, MD, Denver, has accepted the 1989/90 chairmanship of the CMS Council on Legislation.

Other council members are:

Thomas Canfield, MD, Montrose
William Curtis, MD, Boulder
Dennis Chalus, MD, Denver
Alan Rapp, MD, Colorado Springs
W. Ben Galloway, MD, Denver
Richard Hammond, MD, Ft. Collins
Robert King, MD, Littleton
Richard Lawrence, MD, Pueblo
Virginia Moore, MD, Littleton
Patrick Sullivan, MD, Greeley
Jeffrey Varnell, MD, Aurora
Louise Walker, MD, Denver
John Yost, MD, Aurora
Diane Glismann, CMSA Representative

Staff: Sue Ellen Quam, Director,
Lorraine Koehn, Program Manager/
Lobbyist, and Sandra Cloon, Secretary, Department of Government Relations.

The council meets each Friday at 4PM during the Colorado legislative session. Regular meetings begin on January 12. CMS members interested in attending the council meetings should contact Government Relations staff (779-5455 or 1-800-654-5653, Ext 427) to confirm the meeting time and location.

The Colorado General Assembly convenes on January 10, 1990. In preparation, the Legislative Council of CMS has reviewed the work of the various study committees.

CMS is particularly interested in the bills presented by the Medically Indigent Committee (reviewed in the 12/1/89 issue of Colorado Medicine, pp 384-385), the Workmen's Compensation Committee, the Long-Term Health Care Committee, the Sunrise and Sunset Review Committee, and the Legislative Audit Committee.

The Council has since met to review the remainder of proposed legislation from the interim committees.

CONCERNING THE REDUCTION OF WORKERS' COMPENSATION BENEFITS BECAUSE OF CERTAIN ACTS OF EMPLOYEES BILL 1

Requires every employee who sustains an accidental injury to notify his employer in writing of the injury.

Compensation benefits will be reduced by 75% if an injury results from an employee being under the influence of alcohol or drugs. (Current statutes provide for a 50% reduction in benefits for being under the influence of alcohol, but there is no provision for benefit reductions for drug abuse).

CONCERNING DISABILITY BENEFITS FOR WORKERS' COMPENSATION BILL 2

Combines all permanent disability benefit provisions into two statutory sections in the "Worker's Compensation Act".

Schedules all ratings for permanent disability based on the "whole body concept."

Defines "gainful employment" as a regular activity for financial remuneration which is available within fifty miles of where the injured employee resides and which the injured employee is physically or mentally capable of performing.

Defines "maximum medical improvement" as the point when the underlying physical or mental condition causing a disability becomes stable and no further reasonable medical treatment will measurably improve the condition.

Defines "permanent total disability". Establishes a schedule of disability periods.

Amends current statutes retarding awards for permanent total disability.

The CMS Workers' Compensation Committee is proposing the formation of a Medical Advisory Commission comprised of five physicians and two representatives from the public at large which will be charged with forming a mechanism to accredit appropriate physicians, provide continuing medical education to physicians, and to research medical issues related to the provision of medical services in the workmen's compensation arena. The committee has met with various legislative and industry representatives.

CONCERNING ADMINISTRATIVE HEARINGS RELATED TO WORKERS' COMPENSATION CASES BILL 3

Requires mandatory prehearing settlement conferences;

continued on page 7



COMMENT

The Colorado General Assembly - 1990

Copic Insurance Company is in the process of addressing several issues with the State Legislature in the belief that further appropriate savings can be achieved in the defense of medical professional negligence cases. The proposed Bills are:

Collateral Source.

This bill would allow the defendant in a medical professional negligence case to introduce directly to the jury evidence of monies received by a plaintiff from third-party sources, i.e., health, disability and other sources.

The plaintiff may then introduce evidence of premiums paid to secure the third-party benefits. The difference between these amounts will be deducted from the final award.

Third-party insurers will be prohibited from asserting any rights of subrogation against the award.

Under current law, the amount of money received by a plaintiff from a defendant includes sums already paid by third-party insurers. These third-party insurers, under the subrogation provision of their insurance policy, then recover money they paid on behalf of the plaintiff from the plaintiff's award.

The purpose of the new legislation would be to allow the jury to hear the full facts, including amount of collateral benefits paid and to reduce the amount of award paid by a defendant to the plaintiff by amounts paid on behalf of the plaintiff by third parties. The third parties could **not** then recover from the plaintiff. This would leave the plaintiff in the same economic position as the old law while reducing the amount to be paid by the defendant.

Punitive Damages.

No plaintiff will be allowed to claim punitive damages in a medical professional negligence case until after the conclusion of discovery and only after establishing a prima facie case therefor.

Punitive damages can be awarded only upon a showing by clear and convincing evidence that the acts of the defendant were attended by circumstances of fraud, malice, or willful or wanton conduct.

Punitive damages would be limited to the amount of

actual damages, not to exceed \$100,000. In certain cases these may be increased to \$300,000 if the conduct of the defendant so warrants.

Pre-judgement interest would not be allowed on punitive damages and 50% of all punitive damages would be paid to the State general fund and 50% to the State fund for victims and witnesses.

Currently 25% of all suits filed against Copic insureds have punitive damage claims in the complaint. This proposal would require that a showing be made to the court before punitive damages could be claimed and would place a limit on the amount awarded.

Frivolous Lawsuits.

Attorney's fees may be awarded against a plaintiff and/or his attorney if a suit against a health care professional is not voluntarily dismissed upon motion of defendant, when the court finds the plaintiff and/or attorney knew or reasonably should have known that they are unlikely to prevail in trial.

The filing of a certificate of review shall not be taken into account by the court in reaching its decision as to whether the plaintiff and/or his attorney is unlikely to win.

The purpose of this proposal is to limit the number of frivolous lawsuits being filed against physicians and surgeons.

Good Samaritan.

A physician or surgeon will receive good samaritan protection if they treat a person not their patient without compensation in an emergency which arises in a health care institution.

The purpose of this proposal is to offer good samaritan protection to physicians and surgeons who see emergency patients who are not their patients in the hospital setting, if the service is rendered without compensation.

1990 Legislation Cont...

RESTRUCTURING THE WORKER'S COMPENSATION LAWS

BILL 4

Drafting of this proposal has not been completed, but is expected to be a true benefit to those who must refer to what is currently a very unorganized section of the Colorado statutes.

Major bills of interest regarding Long Term Care:

CONCERNING A REORGANIZATION OF SERVICE DELIVERY FOR PERSONS IN NEED OF LONG-TERM CARE THROUGH A SINGLE-ENTRY POINT SYSTEM, AND, IN CONNECTION THEREWITH, ADOPTING A UNIFORM ASSESSMENT INSTRUMENT.

BILL 1(00132/3)

The main intent of this bill will be to better organize client entry, assessment, and service delivery for long-term health care patients.

CONCERNING THE REPLICATION OF A COMPREHENSIVE LONG-TERM CARE CAPITALIZATION MODEL PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY.

BILL 4 (0115/1)

Grants Dept. of Social Services authority to apply for federal medicaid waivers needed to implement the program while also applying for federal Medicare waivers.

CONCERNING THE INCLUSION OF HOSPICE CARE AS A SERVICE UNDER THE "COLORADO

MEDICAL ASSISTANCE ACT", AND MAKING AN APPROPRIATION THEREFOR.

BILL 7 (0208/1)

The intent of this bill will be to substitute lower cost hospice care for more cost effective measures. Because Colorado's Medicaid program does not offer a hospice benefit, many terminally ill Medicaid patients are hospitalized.

The proposal includes hospice care as a service for Medicaid-eligible persons under the "Colorado Medical Assistance Act".

Other issues which were considered at the December meeting of the Council on Legislation were a request for support of the Comprehensive Health Education legislation, Health Insurance for the Uninsurables, and the Colorado Preschool Legislation Committee, which is promoting legislation that would extend the right to a free appropriate public education to three and four year old preschool children with handicaps. In 1986, Congress passed the *Amendments to Education of the Handicapped Children's Act*, which offers each state increased funding to expand and improve their services for preschoolers with handicaps PROVIDED THAT the state enacts legislation mandating preschool services.

We encourage you to make contact with your Council on Legislation members and the CMS Government Relations staff regarding any additional insight on proposed legislation that you may have. We need your knowledge and participation on all issues which impact our patients and our physician community.

LEGAL UPDATE:

PHYSICIANS MUST MEET INSURANCE MINIMUMS

By SUSAN T. SMITH

The final provision of the Colorado Health Care Availability Act, signed May 13, 1988 by Gov. Romer, goes into effect January 1, 1990 requiring all physicians, dentists, institutions and other health care providers to establish financial responsibility as a condition of continued state licensure.

Physicians and dentists must carry insurance with a minimum coverage of \$500,000 per incident and \$1.5 million aggregate per year. Health care institutions must carry minimum insurance of \$500,000 per incident and \$3 million per year.

There is an alternative to purchasing such insurance. Financial responsibility requirements can be met by maintaining a surety bond in the necessary amount or by depositing cash or other acceptable security with the Colorado commissioner of insurance.

No license will be renewed unless evidence of compliance is furnished.

Attorney Susan T. Smith heads the health care administration department at Pryor, Carney and Johnson, P.C., a 40-attorney Denver law firm that offers a full range of services to health care providers including medical malpractice defense, contract negotiations, Medicare/Medicaid, peer review, medical staff issues and personal legal services.

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A monthly report of current and on-going activities of the Councils, Committees and Sections of the Colorado Medical Society. None of the information herein is meant to indicate a policy or position statement of the Colorado Medical Society. This report is designed only to inform CMS members of their organization's activities and study projects at the Council, Committee or Section level.

January, 1990

CORPORATE HEALTH TASK FORCE, at its December 11, 1989, meeting, discussed a proposal for the creation of the **Colorado Health Leadership Council**. In recent months, several persons, including physicians, have called for the creation of some kind of central body which is broadly representative of providers, payers, and consumers to develop consensus about and pursue policies in support of health care system reform. Among those who have called for or initiated steps to establish a Colorado leadership group on health care is the Colorado Medical Society, which has begun a quiet process of deliberations with a small group to try to move toward a consensus on major policy questions. Included among these questions is the utility and characteristics of plans to allocate health care resources.

Such a council, if formed, would have two primary goals:

- 1) To spell out the mission and elements of a health system for the 1990s which will provide all persons an opportunity to achieve or maintain good health status through a society that promotes good health and assures everyone access to affordable health care services, and;
- 2) To undertake specific activities to reform the current system in order to achieve the desired health system.

The council will make recommendations to the Governor and legislature concerning factual or perceived needs for legislation or amendments to existing legislation. This will not, however, be a paid lobbying exercise.

The council will consist of 25 members to be appointed by the Governor. The membership will be composed of individuals who have demonstrated leadership on health issues at the state and local level, people from the public and private sectors with experience in consumer affairs and patient rights.

One of the primary targets of such a council will be to define alternative basic benefit packages and determine cost of same. Example: how much would it cost to cover (1) every person in Colorado under 65 (universal coverage); (2) every person under the federal poverty level, and; (3) every child in Colorado under several different benefit packages, costing from \$50 to \$100 per capita per month.

The Corporate Health Task Force plans a major meeting in mid-January, after the General Assembly has convened, to reassess the above-described plan and continue its study of the current "non-system" of health in Colorado.

ACTIVITIES OF OTHER CMS COUNCILS, COMMITTEES AND SECTIONS have, for the most part, been suspended until after January 1, 1990, due to holidays and scheduling difficulties.

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Record Release—An Attorney's Perspective

The following letter was received at the offices of the Colorado medical Society. It gave us the opportunity to address a problem which has arisen with increasing frequency, namely the how, why and when of medical record release. Please refer to the articles on the following pages for more information. Eds.

Dear Gentlemen/Mesdames:

As a Legal Aid attorney that has long specialized in health related and disability cases, I believe I have developed a good working relationship with most of Colorado's physicians over the last fifteen years. Since our office relies on sound, well written medical reports to support our client's claims for benefits under the Social Security Act and other related programs such as Medicaid and Medicare, treating physicians are a vital source of information and often make the difference between winning and losing a case.

In most cases, physicians have responded well to requests for information even though our clients are indigent and our office is publicly supported. Most charge little or no fee for such reports.

Recently, however, I have noticed a tendency on the part of some physicians to ignore requests for information or to charge exorbitant fees. In one vivid example, last week I was informed that I could not speak to the doctor on the telephone but would have to schedule an appointment in his office to discuss the case. The charge would be \$115 per 15 minutes of his time.

Perhaps the doctor believes he is striking a blow at attorneys in making such exorbitant demands for payment. However, the only person being harmed is the patient. The patient and the client are responsible for payment, not the attorney.

I believe that some doctors think that responding to requests for information are an annoyance that

must be discouraged. However, many times the health of my clients depends more on whether they can get their medical bills paid than it does on the skills of a particular physician. That is a sad commentary on the nature of our society, but I believe it is one that neither of our two professions have to accept.

My purpose in writing to you is twofold. First, does your organization have any standards or ethical guidelines with respect to the furnishing of medical reports for indigent patients?

Secondly, can we work together to benefit the patient and client? I think the problem I described is not endemic, but it does have the potential for growth as medical and legal costs continue to rise while the poorest segment of the population continues to fall further behind. Thank you for your attention to this concern.

Very truly yours,

R. Eric Solem
Attorney at Law



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Medical Records—Sometimes You Need to Let Go

by Michael P. Thompson
for **Colorado Medicine**

Medical records are at the heart of the matter of physician/patient confidentiality and trust. Yet there are times when it is proper to release them. There are even times when you *must* release them. A good balance helps explain when those times occur.

MEDICAL RECORDS AND THE LAW

It is generally accepted (even by courts and legislatures) that the physical records themselves are the absolute property of the health care provider, while the information contained in them belongs to the patient. This is why, for instance, you should always supply photocopies and/or summaries of records rather than the originals. The ability to produce the actual records may save you a lot of difficulty later on, and in any case, they are yours, not the patient's.

According to attorney Phil Baca, of the law firm of Montgomery Little Young Campbell and McGrew, Colorado law views the confidence enjoyed by the patient in his relationship with the physician as basically inviolate, "a physician duly authorized to practice his profession under the laws of this state or another state shall not be examined without the consent of his patient as to any information acquired in attending the patient which was necessary to enable him to prescribe or act for the patient. [CRS §13-90-107(7) (1973)]" In other words, even a court of law is severely restricted in its access to medical records.

The only exception to this nearly absolute privacy is in case of a lawsuit in which the medical condition of the patient is placed in issue by the patient or his/her representatives. The major example of this is a malpractice suit, although even then, the release of information is limited to those aspects of the patient's medical care directly related to the suit. According to Mr. Baca in one case, "the inspection was limited to areas of the body and the disabilities for which plaintiff who had been injured in four previous accidents was claiming damage and injury. The records on the condition of patients other than the plaintiff are not generally admissible in court even though relevant to the issues of the case." The only exception to this latter type of case is allowed when "the patient's identifying characteristics are removed and the patient's privacy interests are protected."

Not all records are obtainable even by court order. Mr. Baca cites a Colorado Statute [CRS §12-43.5-102(e) (1973)] which forbids the subpoena of hospital committee records in the case of a malpractice suit against the physician. This is true even if the patient has chosen to waive his privilege and the records are requested by the patient and his attorney. He says the Supreme Court has ruled that this statute extends also to suits against the hospital. The defendant in a suit may obtain records relating to the patient's medical condition only if that is in issue in the suit.

"Colorado is unusual in that its statutory protection for patient confidentiality is part of the criminal code," says Mr. Baca. "This statute applies to all medical records and medical information.....Any non-medical individual reviewing those records seems to be in violation of CRS §18-4-412 (1973) by knowingly obtaining medical information to his own use or to the use of another. Theft of a medical record or medical information is a class 5 felony."

The *only* exceptions to these statutes occur when a patient has given express permission or, under limited circumstances, there is a court order. Outside of this, anyone except the patient and his medical care providers who looks at his medical record is in violation of the law. This includes any information gained from the record, not just the record itself. The statute cites even drawings or notes made from the record as violating the patient's rights.

MEDICAL RECORDS AND THE PATIENT

While the records are your property and are private, the law recognizes that the information belongs to the patient and grants him access to it. Common sense again rules the day. If a patient wants information from his medical file, give it to him. If her authorized representative makes a bonafide request, hand it over. If you are ordered to do so by the court, supply the information.

Applying those general principles to specific situations can be a little more complex than that. You may not

continued on next page...



refuse, for instance, if the patient has not paid your bill. The request and/or a valid authorization should be in writing and you should comply within a "reasonable" time, charging a "reasonable" fee. Ancillary items such as X-Rays and the like are considered part of the record, and of course, you should never alter or delete any portion of the record. (See sidebar **Record Release—General Guidelines** for more details)

MEDICAL RECORDS AND PUBLIC HEALTH

One other place where Colorado law impacts the release of medical records is in the case of disease reporting. While the records themselves may be private, certain aspects of them *must* be reported to appropriate public agencies.

One prime area where this is true is in the case of the HIV patient. The Colorado AIDS Control Law (CRS 25-4-1401 et. seq. 1987) requires that all diagnoses of HIV related conditions be reported to the Colorado Department of Health. This places HIV in the same category as any other communicable disease, preventing discrimination against the AIDS patient and making Colorado rather unique in this respect. In general, any patient who tests positive for HIV and any patient who shows symptoms of HIV infection (even if the patient refuses testing) should be reported to the CDH. The report must be made within twenty four hours and will remain confidential within the public health department. The report should include the correct name (you're not required to ask for identification but reporting under a false name when it can be demonstrated that you should have known the real one could place you in a risky position), date of birth,

sex, and address of the individual being reported on and the name and address of the physician making the report.

While you *must* report HIV infection to the health department, you *may not* report it to a spouse, partner or other person who might be at risk, unless you obtain the written consent of the patient. The AIDS control law generally protects you from litigation caused by the reporting but the Theft of Medical Records law will hold you guilty of a felony if you report to the wrong people. The health department will trace contact associations, etc. They may ask you for help in identifying persons at risk who should be notified. (See *A Preventive Law Plan for the Colorado AIDS Control Law in Colorado Medicine* for March 1, 1989 for further details on this aspect of medical record keeping.)

MEDICAL RECORDS AND YOU

You, the physician, are the key to good medical records and since the medical records can be so crucial in a liability suit, it is to your advantage to take the time and effort to do them right.

Omissions are one of the key problems, even more so than incorrect entries, says Paul L. Herndon, Director of Medical Practice Activities for the American Society of Internal Medicine. A jury begins to wonder: "Why did he leave that out? What is he trying to hide?" Try to make notations and/or dictate your notes during the examination or very shortly after the patient evaluation, while the details are still fresh in your mind. And don't forget to enter test results and follow-up correspondence related to medical from the patient or other physicians into the record.

Prompt entry of test results is an

area where even a good medical records system can still let you down. A recent COPISCOPE cites one physician office where an excellent system had been devised for monitoring lab reports as they were returned. One of the staff examined all reports and circled in red any significantly abnormal results, attaching a special note and placing the reports on the physician's desk. The physician's initials were required before the report could be entered in the patient's medical record. When the report was made a permanent part of the medical record, the staff person who did so would check to see that the physician had noted the abnormality and taken some action, even if the action was "doing nothing".

One fateful day, however, the designated office person was on vacation. The temporary help had not been instructed about the lab reports and simply filed an abnormal PAP test in the record. The patient never returned and the obvious outcome ensued. The moral of the story: even the best system needs a backup. Try to make things run as automatically as possible, not depending on people to cover gaps. One day, they (or even you) might go on vacation.

The rule for correcting errors is to draw a single line through the offending information then initial and date the new entry so there's no appearance of deception. Make sure also to review all chart notations made by nurses or other staff to ensure their authenticity and objectivity.

While a physician may cringe at the increasing number of requests for medical records and their possible litigation implications, there are many considerations involved in one of

continued on next page...

Record Release—General Guidelines

These guidelines are drawn up jointly by Colorado Medical Society and the Risk Management Department of COPIC Insurance. They are primarily intended for use in requests of medical records in possible medical liability litigation. These are general principles only. For specific legal advice, you should always consult your own attorney. You may also contact COPIC Risk Management at (303) 779-0044 or 1-800-421-1834, extension 438 for more information.

1. Colorado law (CRS 25-1-802) makes clear that records shall be available to the patient upon submission of a written authorization/request.
2. There are no exceptions for things such as failure to pay the bill; failure to follow instructions; failure to return; etc.
3. The law does make an exception for psychiatric or psychological problems. However, in extreme cases, an attorney for the patient may ask a court to decide whether those parts of the records may be excluded from the patient.
4. A valid authorization must be in writing; it should identify the person clearly; be signed and dated by the patient.
5. A joint Bar Association/Medical Society committee has concluded that five days is "reasonable notice" when records have been requested.
6. The same committee has determined that a reasonable cost is \$5.00 for the first ten or fewer pages and 25¢ for each additional page thereafter.
7. Such items as x-rays, fetal monitor strips, electrocardiograms, etc., which may not, at the time of the request, be physically in the medical record, are nonetheless considered part of the medical record. If these are specifically requested, then they must be copied and provided to the patient. Of course, the cost of the copying must be borne by the party requesting the records.
8. Unless a summary of the case has already been prepared and is a part of the medical record (e.g., a hospital summary at the time of discharge), such a summary should **not** be made for a requesting party. In the event that the request is repeated, you are probably well advised to get advice from COPIC prior to accomplishing such a summary.
9. It should go without saying that no part of the medical record should be altered at the time of a request for records.
10. The person to whom the record copies are given should be clearly identified as the patient or the person identified on the authorization to whom the records may be given.
11. Withholding parts of the medical record simply because you do not believe the patient wants those parts is not valid. Of course, you may ask the question of the requesting party as to which parts are desired. In general, however, the entire medical record is requested.
12. Never release the original of medical records under any circumstance that may be considered the potential for medical liability litigation.

these requests. Not the least of those is the welfare of your patient. Many times, a patient needs accurate, complete documentation of a claim for Social Security, Medicare, Medicaid, Worker's Compensation or other programs. It is also sometimes true that a patient is not able to bear the full cost of these records. That must be dealt with in the same compassionate manner the physician uses for any payment problems. (see sidebar *Record Release—An Attorney's Perspective*) Your caring concern for the best interests of your patients will be not only sound medical practice but appreciated as well.

Inaugurating a New Department

Medicare Audit

The Spectre of the Medicare Audit hangs over every physician who treats Medicare patients. Here's some information on what you need to do to avoid this hazard, and how to deal with it, if it happens to you.

MEDICARE AUDITS AND SANCTIONS POST-PAYMENT REVIEW PROCEEDINGS

*by Sandra Maloney, Assistant Executive Director
Colorado Medical Society, Division of Physician Services*

WHAT IS UTILIZATION REVIEW/PROGRAM INTEGRITY?

Utilization Review/Program Integrity is the department which was established to monitor providers, suppliers, beneficiaries, and physicians in order to detect any abuse or fraudulent activities. Complaints or allegations of abuse or fraud are channeled through this area.

WHAT IS FRAUD?

Fraud is intentional deceptions or misrepresentation of information by a

provider, beneficiary, physician or supplier. Fraud in Medicare usually takes the form of false claims for payment submitted to carriers and intermediaries for medical or health services which were in fact not rendered. Another form of fraud is the representation on the claim form of more complicated, and hence more costly procedures than those actually rendered. Still another form of fraud in Medicare results from "kickback" arrangements between providers of services and their suppliers.

WHAT IS ABUSE?

The term "abuse" is used to describe incidents and practices which, although not considered fraudulent acts, may directly or indirectly cause financial losses to the Medicare Program or to beneficiaries and their families. The type of abuse to which Medicare is most vulnerable is overutilization of medical and health care services. The Medicare law expressly excludes from coverage any services that are not reasonable and necessary for the diagnosis or treatment of illness or injury. Overutilization can occur when a patient requests and receives services that are medically unnecessary, or when a physician or a provider of services renders services that are medically unnecessary.

PROVIDER AUDIT LIST (PAL)

Medicare must select at least 7.5% of the physicians/suppliers (per 1000) for review each year. Physicians that exceed established norms or exhibit any abnormal patterns of practice are placed on this list.

GOALS FOR POST-PAYMENT REVIEW SCREENING

1. To monitor the Medicare claims experience of all individual and group physicians/suppliers in the area and to acquire statistical data on them and their specialty groups.
2. To identify those physicians by specialty whose utilization patterns differ from medically recognized standards, criteria, and norms.
3. To correct program abuse or overutilization of provider services by recovery of overpayments.
4. To prevent further abuse in the utilization of services by educating providers in the acceptable norms of practice.
5. To identify situations where prepayment controls are necessary.

continues on following pages...

PRACTICE COMPARISONS

Postpayment pattern of practice comparisons of individual physicians with their specialty peers are made. The carrier must differentiate between solo and group practitioners. The categories for comparison include:

- Office visits
- Home visits
- Hospital visits
- SNF visits
- Nursing home visits
- Injections
- EKGs
- Surgery
- Office lab services
- Office diagnostic x-ray
- Physical therapy
- Consultations

A monthly "norm" is established for each category listed above. This norm is calculated separately for each specialty and sets forth the average number of visits/procedures performed by that medical specialty within a given month. Following is an example:

Month =	August
Specialty =	Internal Medicine
Procedure Code =	90060
Average Number of Visits =	120

If a particular physician exceeds the established monthly norm by 25% or more, intensified review of all his/her Medicare claims will occur. Medicare will look at a minimum of 15 beneficiary claims plus six months of claims history. At this point, Medicare will likely request a copy of medical records from your office. If necessary, a meeting between the carrier and the physician will occur.

If an overpayment is discovered, the provider has 12 months to correct "inappropriate practices" and to start returning any overpayments.

Physicians who do not cooperate and those involved in potential fraud, risk being referred to the Inspector General's (IG) office or the Health Care Financing Administration's (HCFA) Regional Office.

Per HCFA, the following areas of abuse have been repeatedly detected nationwide and carriers are required to monitor:

- ◇ Absorptiometry — excessive services;
- ◇ Anesthesia — standby, especially with eye surgery;
- ◇ Ambulatory Surgical Centers — uncovered service is misrepresented as a covered service;
- ◇ Cataracts — excessive preoperative visual acuity testing;
- ◇ Colonoscopy — not indicated by diagnosis or medical documentation;
- ◇ Consistent use of a single code or level of care, e.g., all visits are comprehensive;
- ◇ Consultations — repetitive high level of visits/upcoding, visits to established patient, minor diagnoses that do not warrant a consultation, referrals within the same specialty, cross consultations from subspecialty to subspecialty that share the same parent specialty, e.g., internal medicine subspecialties;
- ◇ Cryosurgery — exclusively coded as 3 centimeters, which is the size of the freeze area rather than the actual lesion, when the actual lesion is much smaller;
- ◇ Culture and Sensitivity of Urine — repeat application of the test in a week or for several weeks after the organism is identified and sensitivity is established;
- ◇ Cystoscopy — billed separately from other endoscopic procedures;
- ◇ Dilation and Curettage — unnecessary use of D and C and/or laparoscopy on the same date as a hysterectomy or certain other pelvic surgeries;
- ◇ Durable Medical Equipment — not covered if beneficiary is a resident of a facility that meets Section 1861(j) (1) of the Act;
- ◇ Echo M-Scans — routine screening not covered;
- ◇ EKG Interpretation — interpretation of EKG billed when physician utilized a computerized analysis of the EKG and did not do a manual review of the EKG readout;
- ◇ Endoscopy — Use of endoscopic procedures in lieu of less costly and medically adequate X-rays;
- ◇ Face Lifts — billed as removal of fatty tumors;
- ◇ Injections — may be medically necessary for the initiation of treatment, but not for the duration of all illness when oral medication would not be contraindicated;
- ◇ IPPB, Occasional — internal between treatments is inconsistent with the diagnosis, condition and or normal treatment frequencies, e.g., office patients who only receive one treatment a month;
- ◇ Keratosis — overutilization in removal of sebaceous keratosis;
- ◇ KUB — questionable medical necessity of split billing when billed separately on the same day as a GI and/or C-scan.
- ◇ Laboratory Test — frequent repeated testing when test results are within normal limits or not even used;
- ◇ Lesions — excision of physically impossible lesions; e.g., too large for face or extremity;
- ◇ Office visits — upcoding and overutilization; e.g., frequent visits for chronic stable conditions which are not medically indicated;
- ◇ Patient Sharing — surgeons and medical physicians of like but different subspecialties sharing surgery patients; e.g., cardiovascular surgeon to cardiologist, neurosurgeon to neurologist;
- ◇ Place of Service — all services occur in the same type of facility; e.g., home, nursing home; circuit type of practice; same diagnosis for most patients;
- ◇ Portable X-rays — billing for two, rendering one;
- ◇ Pre and Post-operative Care — not included in global fee as applicable regardless of the place of service;
- ◇ Pulmonary Therapy — multiple treatments per patient provided in a hospital setting that could have been provided on an outpatient basis, or excessive treatments per patient;
- ◇ Rehabilitation and Psychiatric Therapy — nonphysician services may only be reimbursed if the personnel are employed by and directly supervised by a physician and the services are provided incident to the physician's services;
- ◇ Renal Dialysis — standing orders

- used for laboratory tests that are of questionable, continuing necessity;
- ◊ Respiratory Therapy — too frequent, kickbacks, questionable necessity;
 - ◊ Seat Lift Chairs — questionable repair bills, prescription authorized by physician with inadequate background knowledge of the patient to determine whether the patient would benefit from the equipment, all authorization forms prepared by the supplier and not the individual physicians, cost not reasonable;
 - ◊ Standing Orders — periodic tests or treatments that may no longer be medically justified;
 - ◊ Stress Testing — too frequent, no documentation of need;
 - ◊ TURP — vasectomy billed as if a separate procedure on the same day or a different day (fragmentation, split billing);
 - ◊ Vascular Testing, Noninvasive — questionable medical necessity, too frequent poor documentation;
 - ◊ X-rays — fragmentation; e.g., angiography with multiple vessel studies, brain scan and brain scan with flow study billed on the same day, repeated x-rays when previous results do not indicate abnormalities, routine use of chest X-rays.

PENALTIES

Not only have the Medicare carriers expanded the number of regulations and improved their monitoring techniques, they have a variety of sanctions to support them in their fight to eliminate fraud and abuse.

1. **Administrative Sanctions.** Administrative sanctions, the simplest form of punishment, include warnings, withholding of payments, and the recovery of overpayments/or refunds. If a non-participating physician did not disclose the proper information prior to surgery that cost in excess of \$500, an administrative sanction such as a refund would be imposed. These sanctions are the most common method of enforcing billing regulations. As the extent of third party billing regulations rapidly expands, the number of physicians involved in both inten-

tional and non-intentional violations also expands. Likewise, the number of physicians faced with administrative sanctions is increasing.

2. **Criminal Sanctions.** The original Medicare Fraud and Abuse legislation dates back to 1972, when a number of fraudulent activities were defined as misdemeanors. In a move to increase the effectiveness of the government's efforts to curb violations, the Medicare Fraud and Abuse amendments of 1977 upgraded most fraudulent acts to felonies. With the change to felony status, maximum penalties were increased from a \$10,000 fine and one year of imprisonment to a \$25,000 fine and five years of imprisonment. In 1977, Medicare officials also were given the power to ban providers from participation in the Medicare program. Fraud and abuse cases also can be prosecuted as criminal violations of the Medicare regulations or as violations of a number of sections of the U.S. Criminal Code, including statutes against conspiracy, mail fraud, racketeering, and the obstruc-

tion of justice.

3. **Civil Sanctions.** The Civil Monetary Penalties Law (CMPL) provides for civil rather than criminal penalties of up to \$2,000 for each individual fraudulent claim, plus an additional assessment of up to twice the amount claimed and suspension from the Medicare and Medicaid programs. At \$2,000 for each claim, the money demanded by the government can soar even though the dollar value of the fraudulent claims may have been relatively low. Cases may be prosecuted as civil violations under the False Claim Act, a law covering any false statements or claims to the government. The CMPL has been perceived as an improvement over the False Claims Act. Under the False Claims Act, fraudulent intent must be proven before penalties may be imposed. Under the CMPL, cases are not processed through criminal court, but are handled through hearing before an administrative law judge who may impose penalties without proof of fraudulent intent.

SEE GLOSSARY AT RIGHT

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GLOSSARY OF MEDICAL REVIEW (MR) TERMS

Abuse - Physician/supplier practices which may result in abnormalities in payments and/or statistical accumulation or abnormalities in the services rendered to beneficiaries.

Acceptable Sampling Technique - A method of sampling that fairly and accurately reflects a physician's/supplier's entire practice relevant to the services or supplies being reviewed.

Active Provider File - A file of all providers; i.e., physicians/suppliers, who generate one or more assigned or unassigned claims (regardless of dollars involved) during the year under review.

Administrative Action - The decision rendered by a Federal Agency such as OIG regarding a provider's specific case, e.g., pursue criminal prosecution, CMP, suspension from Medicare.

Comprehensive Medical Review - A thorough analysis of a provider's practice or an identified problem through review of all pertinent data.

Corrective Action - The actions indicated by a finding of misbilling, fraud or abuse; e.g., educational contact, warning letter, overpayment assessment and recover, prepayment flagging, peer review or PRO referral, referral to OIG.

Fraud - Premeditated misrepresentation of facts for unlawful gain from the Medicare program.

Gang Visits - A single visit made to treat a number of beneficiaries in a nursing home that is billed as multiple individual visits.

Overutilization - Services that are rendered more frequently than deemed medically necessary.

Peer Review - Evaluation of a

physician's/supplier's practice or treatment patterns by similar practitioners; usually arranged through the PRO, or State or county medical societies, consultants or your medical staff.

Ping Ponging - Practice of physicians/suppliers referring patients for services that are not medically necessary. For example, a physician routinely refers patients to other specialists who share the same building and they in turn refer patients to the physician. This usually involves screening procedures that are not reasonable and necessary for the treatment of an illness or injury.

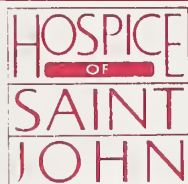
Provider Specialty Grouping - A grouping of physicians/suppliers of like specialties by procedure codes or categories of procedure codes to establish an average and/or norm of the number of services per beneficiary.

Sanction - Exclusion of a physician/supplier from participation in Medicare and Medicaid for a specific period of time. Sanctions may result from findings that services substantially exceeded patient needs, services were harmful to beneficiaries, services were of a grossly inferior quality or a physician/supplier lost the license to practice or was convicted of a Medicare/Medicaid related crime.

Suspended Payments - Prevention of a physician/supplier from receiving assigned payments until an ongoing investigation is completed. The carrier must demonstrate to HCFA that suspension is needed to protect program against financial loss.

Unnecessary Service - A service that is not medically indicated for the described symptoms or expressed diagnosis.

Upcoding/Overcoding - Billing services at a higher level of care than actually rendered to maximize payment or routinely providing a higher level of care than is the norm for other members of the specialty, again to maximize payment.



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1320 Everett Court Lakewood, CO 80215 232-7900.

UPDATE ON COLORADO MEDICAID PROGRAM

The Colorado Medicaid Program has made significant progress as it has undertaken to enhance its effectiveness. Many factors have contributed to this progress. One major element is the return of Blue Cross/Blue Shield as the Medicaid fiscal agent. Overall claims processing has vastly improved. For example:

- * Average number of days to adjudicate (pay or deny) a claim after receipt at BC/BS - 20.4 Days.
- * Number of claims paid on first submission has risen dramatically.
- * Number of claims held in suspense has dropped significantly. In fact, with very rare exceptions, no suspended claims remain in the system over 45 days.
- * Denial rates have remained approximately the same except that a high incidence of denials for Primary Care Physician (PCP) and "place-of-service" edits has been experienced in recent months.

Medicaid has increased physician reimbursement in several ways. Conversion factors have increased as additional legislative appropriations have been granted. The most recent 7.5% increase in conversion factors occurred on July 1, 1989. In addition, on this date, reimbursement for obstetrical care increased by 76%, pediatric care by 54% and immunizations by 10%.

Furthermore Primary Care Physician Program (PCPP) incentive payments

to PCPs have been regularly distributed on a semi-annual basis. Although there has been a concern voiced that Medicaid reimbursement differs based on rural vs. urban practice, Medicaid reimburses physicians in rural areas the same amount as those in urban areas. Electronic medical billing (EMC) for physicians is now available and physicians are encouraged to explore the potential for using EMC billing in their practice.

It is generally agreed that Medicaid had historically experienced difficulties with its claims processing and

level of reimbursement. However, administration has taken a number of positive measures to begin to address these issues. Medicaid continues to be responsive to physician and other provider concerns. Ongoing efforts include a review of those issues causing greater denial rates for the purpose of reducing claim denials. We now encourage CMS members and other physicians to reassess their level of involvement in serving the Medicaid population and to be willing to increase the number of Medicaid patients served in their medical practices.

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Mile High News

1989-1990 Vol. 3, Issue 3

Colorado Medical Society Auxiliary

January, 1990

Sue Kading, Editor

Dear Auxilians,



Catherine Yoder

Legislation and Leadership Training are both on our auxiliary agenda for early 1990. So, as I wish you good health and happiness in the New Year, I invite you to turn your thoughts to those two subjects.

By the time we meet for Legislative Day in February, bills will be before Congress and the Colorado General Assembly awaiting action. Some bills being drafted, revised and made ready for introduction will be of specific interest to the

medical profession. Those discussed recently at the Legislative Council included; Insurance coverage for the uninsurable; Possible raises for workmens' compensation insurance rates; Registration of X-Ray Technicians; Confidentiality of HIV Infection tests; Review of the Podiatry Practice Act; Long Term Care for the elderly and disabled in Colorado; Infectious Waste Disposal; Free public education for three and four year old preschool children with handicaps; and Pre Kindergarten through 12th grade Comprehensive School Health Education.

Both the Colorado Medical Society and the Colorado Medical Society Auxiliary have been a part of the coalition studying the Comprehensive School Health Education proposal and have approved the bill that will be presented by Senator Wham in January. We encourage you to read the bill and become familiar with the contents so you may discuss it with your representatives and help insure its passage.

Some findings published by the Metropolitan Life Foundation indicate:

1. That 43% of students with one year of health education drink some of the time but the proportion decreases to 33% for students with three years of health education.
2. That 13% of students with one year of health education

have taken drugs; only 6% of those with three years of health education have done so.

3. Only 23% of students with no health education classes wear seat belts, but 44% of students with health education do so.
4. 20% of students with one year of health education smoke cigarettes sometimes or more often compared with 14% of those who have had three years of health education.

These facts and other specific knowledge of important bills are necessary if you are to be an informed citizen. As we work closely with the medical profession it is an informed auxilian that will best help shape responsible legislation.

Since leadership skills are also necessary if we are to help shape legislation and lead our communities in health education we plan to hold workshops on these subjects this spring. Leadership training as conducted by CMSA has frequently been combined with other annual or board meetings. This year we hope to have our first Colorado Leadership Confluence. Presidents-elect and other county leaders will be invited to spend the day as we concentrate on learning new skills and more about our own auxiliary program.

The leadership confluence idea is borrowed from the American Medical Association Auxiliary who successfully holds two such confluences each year to train state leaders for the Auxiliary. Some of you have attended the training sessions in Chicago and know the value of such intensive training. This year twelve of our 1989-90 presidents-elect will attend AMAA Confluence during their term of office.

Since space is limited at the Chicago Confluence we'd like to reach out and bring similar information and leadership skills to county members each year. The Mini-Confluence will be of particular interest to county officers selected for the 1990-91 auxiliary year but others are welcome also. We invite suggestions for this new project and will keep you informed through your county president.

Catherine Yoder

CMSA County Presidents Wish You a Happy New Year!



Kathie Bartee
Arapahoe



Dodie Haas
Aurora Adams



Karen Haimes and Sandy Brubaker
Boulder



Cheri Kinzler
Clear Creek



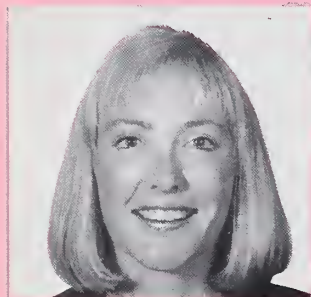
Kit Manart
Denver



Susan Williams
El Paso



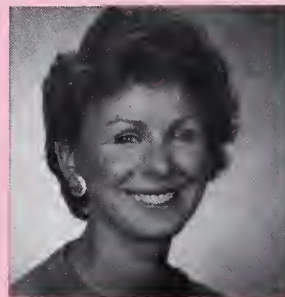
Sheila Banker
Fremont



Jane Gerstenberger
La Plata



Carole Kaiser and O'Linda Harvey
Larimer



Cheri Roy
Mesa



Marilyn Manhart
Montrose



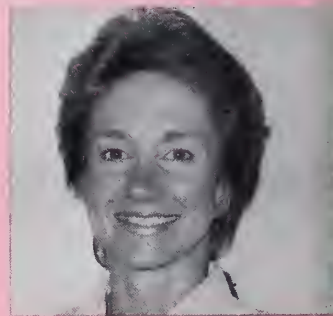
Gloria Genskow
Northeast



Virginia Davis
Otero



Mary Jo Ryals
Pueblo



Andria Welch
Weld

Not pictured: Kathleen Thompson, Morgan; Nancy Holt and Denise Johnson, Longmont

Health Projects News

Carol Corona, Chairman

It has been very enjoyable talking with most of the counties over the last month. Everyone is in the midst of health projects to serve their communities and doing very good projects. I have been very impressed that from the largest counties to the smallest county every auxiliary has a worthwhile project that benefits so many. Everyone should be commended for their efforts!

The AMA Auxiliary will be giving awards to counties in 1990. Both education programs and action programs will be considered - the programs must be developed and implemented between January 1, 1989 and May 1, 1990. Entries must be submitted by May 1, 1990. Please give some thought to any county projects you want to consider and give me a call if I can help! Details of the Health Awareness Program Awards are described in the AMAA Health Projects Newsletter of November/December 1989.

PROJECT BANK CATALOG

One of our goals for 1989-1990 was to submit health projects from our state to the Project Bank Catalog. Our goal was accomplished and twelve projects were deposited in the "bank". Thank you all for your help. We submitted the following projects:

1. Mini-internship Program - CMSA
2. Capitol Hill Gang - Legislative Day - CMSA
3. Seatbelt Program - CMSA
4. Medical Family Workshop/Seminar - Denver
5. Book Browse - El Paso
6. New Year Gala - El Paso
7. AIDS Program - El Paso
8. Teen Health Bookcovers - Larimer
9. Lifesavers - Larimer
10. Hospital Orientation - Otero
11. Vision Screening - Pueblo
12. Teen Parenting - Nutrition - Weld

The County spread-sheets will be updated soon, so I will be in contact with each county president as well as health projects chairpersons to gather information on your current projects. Remember to keep adolescent health concerns foremost in your minds when considering new projects!

COLORADO MEDICAL SOCIETY AUXILIARY LEGISLATIVE DAY

February 8, 1990

SCHEDULE:

9:00 a.m.

Denver Botanic Gardens - 909 York
Come Walk Through a Tropical Garden in the Conservatory and Enjoy the Orchids.

10:30 a.m.

Capitol - Legislative Briefing
Senator Claire Traylor and CMS lobbyist, Sue Ellen Quam will provide legislative updates.
Senate and House will be in session for observation.

11:30 a.m.

University Club - Social Time and Lunch
Noon Lunch with Legislators
Counties invite legislators to be guests for lunch.

1:30 p.m.

Committee hearings begin and can be observed.

Make plans now to be part of this special day!

Each county should bring a large delegation.
Send reservations no later than January 25 by check:
\$5.50 for breakfast at Botanic Gardens
\$15.00 for luncheon at University Club

\$20.50 Payable to CMS
Please send to Becky Hammond
401 Skysail Lane
Ft. Collins, CO 80525

SEMINAR - MEDICAL FAMILIES APPROACHING THE 90'S

At the third annual medical seminar held in conjunction with the Denver Medical Society Annual Meeting on November 4th., physicians and spouses reviewed issues facing medical families today. Dr. John Sbarbaro, President-elect of the Colorado Medical Society, was facilitator for a session on pre-practice issues. Doctors Dieter W. Schneider, Greg Gutierrez and David L. Koets from the Young Physicians Section of the Colorado Medical Society discussed their choice of practice style and stressed the importance of knowing the business-side of medical practice and risk of litigation.

Dr. Richard D. Krugman, Professor - Department of Pediatrics UCHSC and Director of the C. Henry Kempe Center stated that medical families approaching the 90'S may focus on the idea of COMMITMENT.

Sponsors of the seminar were Colorado Medical Society Auxiliary, Denver Medical Society Auxiliary, Denver Medical Women's Club (spouses of residents and medical students) and the Faculty Wives Club.

Doris L. Ballinger, President-elect, CMSA

BUCKLE-UP, DON'T BE A STIFF



Safe evening at the game, April 20. Watch for the adds and don't miss the game!

Chris Bryan of Prime Sports Network is also promoting our Buckle-Up campaigns by visiting various Colorado Cities. Recently he was at the Greeley Mall with T-shirts, posters and the ever popular Vince and Larry Mannequins.

Be sure you are staying in touch with your local high schools so they will participate in the buckle-up contest. Packets were delivered or mailed to approximately 300 public and private high schools in Colorado. Now we need to follow up to see that the packets were received and passed on to the appropriate student groups for action. There is still time for students to enter the contest or do a seat belt promotion. Unfortunately the death rate is up this year in Colorado so we need to work harder to help save lives! For further information please contact Becky Baldwin, Auxiliary Seat Belt Chairman.

Buckle-Up, Don't be a Stiff, was the theme of the KMGH Public service announcements that promoted Buckle-Up Night at the Nuggets game, December 2. KMGH has donated air time to help with our Buckle-Up program and will be promoting the next Buckle-Up and Drive

Regional Planning Sessions CMSA Active Around the State



*Attendees at the Southern Regional Meeting—
Pueblo*



A Western Regional planning session in Montrose



Northern Regional Auxilians at lunch in Greeley

CALENDAR

December 31, 1989
CMSA Dues Deadline

January 8, 1990
CMSA Board Meeting
CMS office
9:30a.m.

Feb. 4-6, 1990
AMAA Confluence II
Chicago

Feb. 8, 1990
CMSA Legislative Day
(see page 2)

March, 1990
Mini-Confluence

April, 1990
CMSA General Meeting
(TBA)

June 24-26, 1990
AMAA Convention

The Secret of Retirement Success: Live Life Now!

by Michael P. Thompson
Assistant Managing Editor

About 5,000 people retire every day in this country (many of them physicians), and a discouraging number of them hit the wall of disillusionment, apathy and discouragement at about 3 1/2 months, according to studies. There is a new book out which may be of some help.

Retirement: New Beginnings, New Challenges, New Successes, (Hauser, Leo & Miller, Vincent A., Wayzata, MN, DCI Publishing, Inc., 1989) is more than a book about how to be ready for retirement. Upon closer inspection, it becomes a manual for living life in any stage and living it better than most people do. Subtitled "Five Steps to the Best Years of Your Life" the book follows that plan, giving clear, concrete and concise directions for improving your life now so that retirement will be enjoyable and fulfilling.

One especially nice thing about this book is that it is printed in large, clear type and is structured so as to be easy to read, eliminating some recurrent obstacles to getting the information you need. As for philosophy, the book tends to look at retirement as part of a life process, not as an isolated incident. This also eliminates some common stumbling blocks in retirement planning.

We begin at the beginning (where else?) with a prologue, subtitled "Getting Ready to March On Out!". It deals with who you are now, and what you have in mind as you start this book. The authors take responsibility for getting you involved in the process early on and the result is that the book tends to flow very personally. This aids in motivation.

The rest of the book consists of the Five Steps mentioned on the cover. First you have to "Get to Know Yourself". This section deals with such things as taking a personal inventory, treating yourself as a business, etc. It's hard to plan where you're going if you don't know the starting point, so this makes up a lack that is chronic in many retirement plans. It's not difficult, but it takes some time to complete properly. If you care about a good retirement, you'll put in that time though. Where else will you find a better return on your investment than in yourself?

Step two teaches you to "Transition to retirement activity". Here you'll learn how to determine your own strengths and weaknesses, then to use your strengths to create a better retirement world. What are the things that you do best? This doesn't necessarily coincide with what you do in your own career, but might also involve hobbies, volunteer work you do, etc. The actual skills and talents represented by the activities you do are the real question. Once you've discovered those, you can apply them to any activity, any area. It might not even bear a resemblance to what you're now doing. That's OK. By majoring on your strong points, you'll find things you enjoy doing and things for which you'll receive reinforcement from doing a good job. That will add immeasurably to your retirement success.

"Set Big Goals for the Rest of Your Life" is step three and is equally important. The author quotes a study which showed that the ten percent in a group of Harvard students who had set

goals had 96 percent of the total wealth of the group ten years later. Clearly defined, achievable goals can make at least that much difference in retirement. The author also challenges you to make the goals BIG! If it's too small, a goal won't keep your interest or challenge you enough.

In step three we find the difference between "Work and Activity". It's not enough to have activity to fill your day in retirement, it must be something at which you can work. You play hard at the things you enjoy, and if you don't put in an equal amount of effort for retirement, you won't enjoy it either. It must be a challenge to which you can put your mind, or it won't keep you occupied very long, and soon you'll be wasting away in a rocking chair somewhere. The mind and the body must remain active in retirement, for your own good.

Step five appears to contradict step four, but "Have Fun!" is also a goal to which you must commit. You had a variety of motivations for your career work, money, security, providing for the family, helping people, or whatever. Now you come to the time for rewards. Having fun in retirement will also give you better health and, all other factors being equal, give you a chance at a longer life. You spent 60 years or so getting to this point in life, so now you should enjoy it. Of course, these authors have contended that you should have been enjoying life as you went along anyway, so this is just a continuation of the habits you started as you began to play for retirement. The father of one of the authors put off retirement to get a more secure

continued on next page...

Retirement Scam Warning!

The Social Security Administration (SSA) has announced that a company using the name "Federal Benefits Assistance Corp." is charging Colorado residents an \$18 fee for a service the SSA performs for free. In addition, they may be delaying the process, costing their applicants benefits.

According to Vincent A. Hayes, District Manager of the SSA in Denver, "The company has no connection to the Federal Government. The 'assistance' offered at the rate of \$18 per person is free of charge through the Social Security Administration."

According to Mr. Hayes, about 14,000 people in the Denver metropolitan area alone file for retirement benefits each year. "At \$18 per person, that company could become rich at the expense of those people." In addition, he says, "Their 'assistance' actually saves no time and could delay the application for benefits causing some loss of benefits."

Mr. Hayes says the company offers to "help handle the paperwork and clerical details" for people who want to apply for Social Security benefits. The SSA will help you do that for free if you call 1-800-234-5772 and make an appointment to apply for benefits. People nearing age 62 are especially targeted by this service as their benefit eligibility is nearing, so they are urged to call and set an appointment date, which can protect the filing date in case benefits are immediately payable. This date protection is not available with such companies as Federal Benefits Assistance Corp.

The SSA also provides other services free of charge. You may call the above number for information on them as well, or contact Mr. Dick Martley, CLU, ChFC at the COPIC Agency (779-0044 or 1-800-421-1834.) His office has made available a free form to use in requesting benefit information from the SSA (published in **Colorado Medicine** of September, 1989.)

pension to support a business idea he was just crazy about, but died before he could put it into effect. The author speculates that an earlier retirement might have cut the stress level sufficiently to give him more years to enjoy his pet project, even if fewer dollars with which to carry it out. Yes, retirement is fun, but the fun starts now, or it may not start at all.

The authors dedicate the book to spouses of newly retired people (who bear much of the brunt of an unsuccessful retirement, if little of the blame). If you are in either category, you'll find this book well worth the \$5.95 asking price. Check out your local bookstore or call 1-800-848-2793 to order.



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Health Education Saves Lives

Do Your Patients Know?

*A Reminder from the Community Health Issues Council
Colorado Medical Society*

Jeffery F. Klein, MD and his colleagues at the University of California, San Diego, School of Medicine, have demonstrated that a programmed learning self instructional booklet has made a difference in the behavior of adolescents concerning testicular self examination.

Testicular cancer is the most common cancer in males 15-34 years of age, but only 15% of the subjects of the study (66 young men between ages 15 and 20) were aware of their risk and only 6% had been taught how to perform testicular self examination by a health care professional. The pretest also showed that the young men were unable to identify the signs of testicular cancer, and only 1.5% regularly performed testicular self examination.

After completing the booklet, the young men scored a mean of 93% on post-test questions, and 98% said they felt the booklet was helpful. Two years later, a follow up study of 44 participants revealed that 68% could recall the most important risk factors for and signs of testicular cancer and 75% reported that they perform the self examination at least every few months.

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Dr. "Pat" Moran Named Director of Physician Education Program



Patrick G. Moran, M.D.

Patrick G. Moran, M.D., of Grand Junction, CO, has been appointed **Medical Director for the Colorado Personalized Education Program for Physicians (CPEPP)**. Dr. Moran has been very active in the area of professional and continuing medical education for the past decade, both with St. Mary's Hospital and the Colorado Medical Society.

Dr. Moran's practice specialty is in internal medicine with a subspecialty in neoplastic diseases. He served as chairman of the CMS Council on Professional Education for three years and has since been engaged in the continuing medical education program at St. Mary's, which took much of his time away from medical practice.

Dr. Moran has developed extensive credentials in continuing medical education and is recognized locally and nationally for his expertise in this area. Dr. Moran will continue his practice in Grand Junction, but will be commuting to Denver as necessary during the program development and early program implementation.

Current consortium members are the Colorado Alliance for Continuing Medical Education, Colorado Foundation for Medical Care, Colorado Hospital Association, Colorado Medical Society, Colorado Physician Health Program, Colorado Society of Osteopathic Medicine and the University of Colorado School of Medicine.

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U.S. Physician Gives View of the Soviet Union from Chernobyl Experience

by Michael P. Thompson
Assistant Managing Editor



Robert P. Gale, MD, PhD

The death toll from the 1986 nuclear power plant accident at Chernobyl, Kiev in the Soviet Union has so far been limited to 29 people, in large part because of the efforts of **Robert P. Gale, MD, PhD**. The job didn't end there, however, as Dr. Gale, who headed the international team sent to aid the Chernobyl victims, is now focusing his attention on the quarter of a million people who may become long term victims of the disaster.

Dr. Gale is Associate Professor of Medicine and head of the Bone Marrow Transplant Unit at the Medical Center of the University of California, Los Angeles. He is also Chairman of the International Bone Marrow Transplant Registry. It was this expertise that lead the Soviet authorities to accept his offer to help, in spite of diplomatic barriers. Dr. Gale, in an interview with **Colorado Medicine**, marveled at the willingness of the Moscow government to allow even an Israeli biophysicist (Dr. Yair Reisner) to join his team, despite Moscow having no diplomatic relations with Israel.

When he first arrived in Moscow,

Dr. Gale dealt with about 300 people who were immediately affected by the accident, using such techniques as supportive care, sophisticated antibiotics, transfusions and ultimately, bone marrow transplants. Other than the 29 who died, there are only a few moderate health effects which Dr. Gale travels to the Soviet Union periodically to deal with. (He has learned a lot about the effects of radiation on humans, including the fact that they can live through much higher doses than was previously thought.) He also aids in a joint U.S./Soviet 50-70 year study of the people in the path of the disaster to determine the long term health effects of such an incident.

Dr. Gale cites some of the lessons he has learned through his work with in Chernobyl and other places. Last year he was called to visit Goiânia, Brazil to determine the cause of apparent radiation sickness among a group of people in the city. He finally discovered that two unemployed laborers had found an abandoned medical laboratory and taken 300 grams of Cesium¹³⁷ from an old radiation therapy machine in order to recycle the lead casing. About 300 people were ultimately exposed to the Cesium and baffled the local physicians, who did not think to investigate the possibility of radiation exposure in this instance. Dr. Gale says, "because physicians are not generally well informed of the protein natures of radiation exposure, no one was able to figure out what was going on, until one day the wife of the of the original people in the accident, who saw that everyone was getting sick, said 'I don't know what this thing is, but I'm

getting rid of it.' and took it to the public health department and plunked it down on somebody's desk." Public health officials also had difficulty determining what the object was, until someone thought to get out a Geiger counter.

Dr. Gale used a new technique to treat these victims, using molecularly cloned hematopoietic growth factors, proteins that normally stimulate the bone marrow to divide. They are used to obviate the effects of radiation therapy in this country and have proven helpful in Chernobyl as well.

Dr. Gale sees the lesson here that physicians need to be more familiar with the symptoms of radiation poisoning. He cites a similar story from Texas, to point out the fact that we face the same dangers in this

"Many of the victims of the 450 or so accidents involving nuclear energy have found their way into the general medical population."

country. A discarded radiation source (cobalt) was sold as scrap metal to a wrought iron manufacturer in Mexico who shipped the resulting furniture back to the United States. Only the coincidence that the truck passed by the Los Alamos laboratory in New Mexico and set off their radiation detectors made anyone aware that the furniture was giving off high doses of radiation.

Dr. Gale maintains that all physi-

continued on next page...

cians should be more aware of even low incidence problems such as radiation sickness, since many of the victims of the 450 or so accidents involving nuclear energy have found their way into the general medical population.

One of the difficulties in determining the effects of radiation on humans involves the way epidemiological conclusions are made. Dr. Gale cites local problems such as the possible health effects of the Rocky Flats Nuclear Weapons plant near Golden. In comparing, for instance, the rate of leukemia downwind of the plant with the rate in the general population to determine health risks of radiation exposure, models developed from Hiroshima and Nagasaki are used, since they have long been our only direct experience with large populations exposed to radiation. According to Dr. Gale, "The data from Hiroshima and Nagasaki are less than ideal for a number of reasons. One is that science has moved very far in the last 45 years. The second is that the doses that were received at Hiroshima were very much higher and what one is doing is extrapolating that, if this dose caused that, what a lower dose would cause. We don't know whether that extrapolation is correct. The third thing is that when you're exposed to an atomic bomb, you're exposed all at once, whereas these kinds of radiations that people are possibly exposed to from Rocky Flats are not a big blast, but an ongoing exposure to radiation, which may be more or less dangerous."

He sees great benefit from his work at Chernobyl and the follow up there, as it would give a much better picture of the possible long term effects of radiation. In five years we should start seeing leukemia related cancers, ranging out to about ten years after the accident. The other cancers start to appear 30-40 years after exposure as a rule. Young people tend to develop cancer sooner than older for the same doses, if the data from Hiroshima hold true; Dr. Gale believes that Chernobyl will give us the next set of data on an accident of similar magnitude and thus enhance medical science.

Medicine will not see all the benefits from the Chernobyl experi-

ence, says Dr. Gale, "We have glasnost *because of* Chernobyl. The Russians tried to stonewall Chernobyl and when that didn't work, in desperation, they released the information and tried to make us look bad for having exaggerated the consequences. When that worked, and worked brilliantly (much to my consternation) that kind of led them on that path. It wasn't that glasnost was sitting around waiting for Chernobyl, you have, to some extent, glasnost because there was Chernobyl."

Openness between the medical communities in the United States and the Soviet Union was another beneficial side effect, according to Dr. Gale, "The last American to come over to help the Soviets was Armand Hammer in 1921." He saw hope in the fact that the interval was shortened before the next event of the type, namely the Armenian earthquake, to which he also led the medical assistance team. "This was the fallout (if you'll excuse the pun) of Chernobyl, that they found out that they get more kudos seeking help than blocking information."

There is hope. Glasnost came about because of Chernobyl and is now redefining the landscape of political reality in the Eastern Bloc. On the other hand, there is a long way to go before life in this area even *begins* to approach the openness of life in democratic countries such as the United States. Dr. Gale learned things that will change the way the U.S. military plans to work with large scale radiation exposure (if it becomes necessary) and the way the nuclear power industry will deal with possible accidents. He sees the development of a core of highly skilled professionals available to be flown anywhere in the country, or even the world, to deal with radiation accidents.

Dr. Gale was in Denver to speak to the Mogen David Society of the Allied Jewish Federation. Dr. Arthur Waldbaum, Chairman of the Society, described it as a philanthropic association of physicians and dentists to give support to the international charitable work of the Allied Jewish Federation. For more information, contact the Federation at (303) 321-3399.

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Noted Medical Author to Present Denver Lecture and Demonstration

Herbert Benson, M.D., author of the best-selling book, *The Relaxation Response*, will present a lecture and demonstration Friday, February 2, 1990, at Corkin Auditorium, Houston Fine Arts Center, 7111 Montview Boulevard, Denver.

The lecture is sponsored by *QualLife Wellness Community* and the *Adolph Coors Company*. QualLife has been developed to enrich the quality of life of people dealing with cancer and other life-challenging illnesses.

Benson, a Harvard Medical School professor, cardiologist and chief of the Behavioral Medicine Section of New England Deaconess Hospital's Mind/Body Clinic, is a noted authority on the link between mental attitude (emotions) and body responses. His research on the correlation between blood pressure and emotions has affirmed the biofeedback principle. Much of what he learned during his extensive research was incorporated into his stress-reducing "relaxation response" technique and his book on the subject. More recently, Dr. Benson authored another book, *Your Maximum Mind*.

Tickets for the Benson lecture, which begins at 7:30 p.m. following an open reception starting at 6:30 p.m., are \$10 each in advance, or \$12 at the door. For more information or tickets, call 393-9355 or write QualLife Wellness Community, 1714 Poplar Street, Denver, CO 80220.

Colorado's "Code of Cooperation" Distributes Media/Health News Guidelines

The Colorado Code of Cooperation Committee has just released its 1989 Revised "Public Information Guidelines" for Colorado hospitals, physicians and news media. The Code of Cooperation Committee, originated in 1948 and continuous to the present, is a committee of representatives from the hospitals, physicians and electronic and print news. The guidelines were last rewritten in 1980 to reflect changes in state statutes concerning medical records. This latest edition further updates the matters of patient information, hospital obligations to patients, confidentiality of information regarding patients with diagnosis of AIDS or HIV-related illness and use of medical records.

The Colorado Code of Cooperation Committee is the oldest of its kind in the United States and has been active throughout the 39 years since its inception.

This year, more than ever before, Colorado hospitals and physicians need to be able to work effective with public information outlets, and the Code of Cooperation is the principal conduit through which the mutual goals of the physicians, hospitals and public news media can be achieved. Anyone may order copies of the "1989 Guidelines" by contacting Colorado Medical Society or the Colorado Hospital Association. CMS urges you to take an active part in this effort.

BROADCAST PRACTICE: Medical Reporting in the 1990's

AMA's Tenth Annual Health Reporting Conference

Denver, Colorado
April 5-8, 1990

If you are a medical communicator wishing to sharpen your skills, plan to attend the AMA's Tenth Annual Health Reporting Conference, Thursday, April 5 through Sunday, April 8, 1990 in Denver, Colorado.

This is a unique conference designed for medical reporters, physician broadcasters and medical spokespeople. The conference features a combination of skills development courses in broadcast writing, interviewing, editing and production, plus opportunities to have your tapes critiqued by experts. Network with the pros and learn valuable tips on breaking into the business and advancing your broadcast practice.

Faculty includes experienced physician broadcasters, network producers, broadcast consultants, writers, editors, producers and professional speakers trainers.

Until February 15

Fees: AMA Member	\$590
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Coaching Sessions	\$ 50

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Fees: AMA Member	\$650
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Course tracks are offered in Speakers Training (Introductory and Advanced) and Broadcasting (Introductory, Intermediate and Advanced). Electives are open to all participants. Complete registration information is available by calling 312/645-5102.

*Registration will be accepted only on a space available basis after the February 15 cut-off date.



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"1986 is NOT 1989"

Health Data Commission Small Area Analysis Hits Doctor's Hot Button

by Bill Pierson, Editor
Colorado Medicine

(Reprinted, in part, from the CAÑON CITY DAILY RECORD, Dec. 2, 1989)

The Colorado Health Data Commission, on November 28, 1989, released the "Small Area Analysis" of the costs and utilization of inpatient hospital services throughout the state. The data were presented by Ronald Strahle, Health Data Commission Chairman, and Philip Caper, M.D., Chairman, Codman Research Group of New Hampshire. Strahle pointed out that this is the first report of its kind documenting how hospital admissions influence hospital costs. "Insurance companies and other health care purchasers might negotiate favorable hospital charges on behalf of their clients, but if the clients are hospitalized excessively, the savings are lost" Strahle said.

One Cañon City physician, Gary Mohr, M.D., said the findings in the analysis might cause more cost than the commission or Strahle envisioned. Dr. Mohr told **Colorado Medicine** that the commission named Cañon City as the extreme in variation, stating that "Women living in Cañon City gave birth by cesarean section 133 percent more often than women in central Denver". Dr. Mohr says this is extremely misleading and has caused great concern among Cañon City residents as well as the physician community because it "simply isn't so today". Mohr added that the problem with the analysis by the Codman Research Group is that the study was based on 1986-87 figures, while quite the reverse is true today. He said that the news release was worded in such a way as to indicate that these were today's figures.

In the Health Data Commission news release, noting that delivering

babies is the most common reason for hospitalization, Strahle said that more than half of the overall cost of hospitalization for obstetric care - as measured by charge per delivery - is influenced by the rate at which babies are delivered by cesarean section rather than hospital charges. "A 133 percent difference in the rate of cesarean section deliveries raises serious questions," Strahle said.

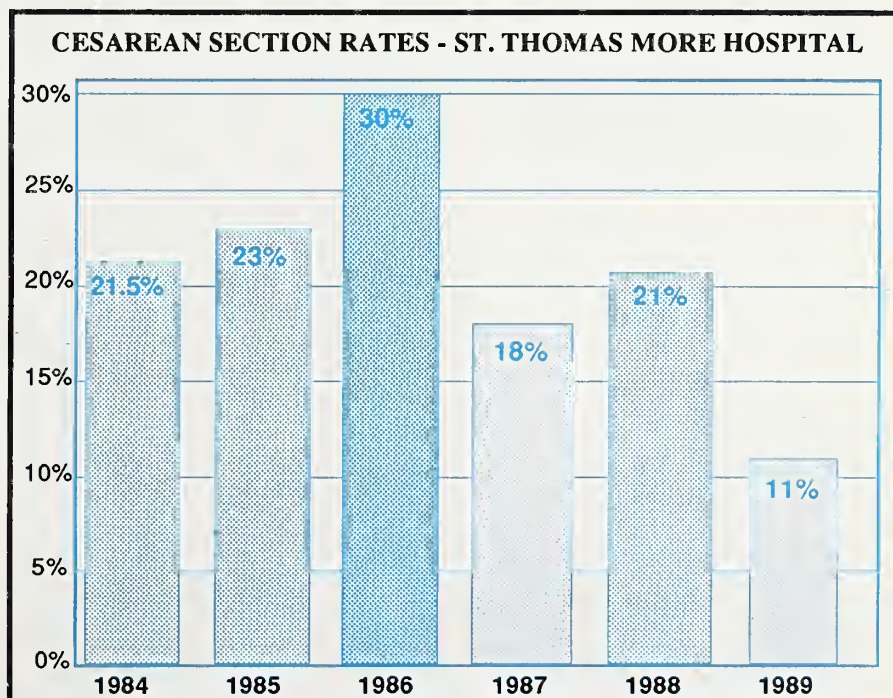
Dr. Mohr said that was true in 1986 in Cañon City, but certainly not in 1989. He told the *CAÑON CITY DAILY RECORD* that "In 1986 we had a problem physician on our staff. We tried to get help from the state to deal with it. I worked on this for two years". Officials at St. Thomas More Hospital admitted to the *RECORD* that the cesarean section rate was high and pointed to the fact that it has dropped

to 11 percent this year, which is below the state and the national average.

Donald Potter, M.D., Chief of the Medical Staff at St. Thomas More, said "Statistics can be deceiving. The figure quoted (from the health data commission report) in the *DAILY RECORD* of 33 percent (over the state average) was, however, for mothers of the 81812 zip code". The *RECORD* reports that about one-third of the women from Fremont County who deliver babies had them at hospitals outside Fremont County.

Dr. Mohr applauded the physicians in Cañon City and the medical staff at St. Thomas More for their concern and for their ability to correct the situation, resulting in today's well-below average for C-section deliveries in the Cañon City area.

C/M



National Conference Promotes Continued Effort in AIDS Fight

The Delta Region AIDS Education and Training Center and Louisiana State University Medical School in cooperation with the American Medical Association and the American Academy of Family Physicians are sponsoring a two and a half day training program in February entitled: **New Orleans AIDS Conference: Management of HIV Disease for the Primary Care Physician.**

The conference, to be held February 22-24, 1990 at the Hyatt Hotel in New Orleans, will focus on a multidisciplinary approach to the problem through the presentations of nationally recognized faculty. Those interested are urged to register early as the conference will coincide with Mardi Gras and the hotels will be quickly booked. Call Mr. Bart Reilly at (504) 568-3855 for a brochure and registration form.

Preventing Child Death—A Challenge for the 90's

Eight hundred children under the age of 16 died in Colorado in 1988, including 26 under 6 months. The Colorado Department of Health (CDH) and the Colorado Department of Social Services (DSS) have convened a multidisciplinary effort to determine the causes of these and formulate prevention strategies.

The effort will be headed by M. Patricia West of the CDH and Jane Beveridge of the DSS and will include a number of different agencies and organizations with a possible interest in the subject. For more information call (303) 331-8431 or (303) 866-5951.

Student Drug Use

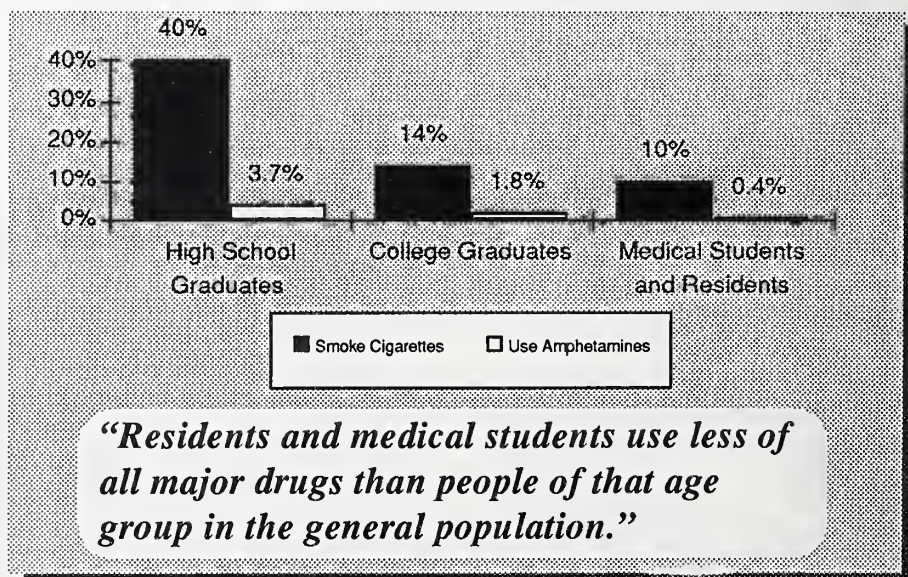
Study Shows Medical Students Use Less

A post World War II study of physicians in Germany that led to the widespread myth that physicians use drugs more frequently than the general population is being debunked in a new study by the AMA and the University of South Florida. The study is funded by the National Institute of Drug Abuse.

Dewitt Baldwin, MD, director of the AMA Division of Medical Education, Research and Information says that "There is a myth that has been perpetuated for a number of years in both the professional and lay literature that physicians use drugs up to 100 times more frequently than the general population." Dr. Baldwin says the

myth is rooted in the German study and U.S. Surveys since then have not been comprehensive enough to dispel it.

Dr. Baldwin, along with Patrick Hughes, MD, of the University of South Florida's Center for the Study of Impaired Professionals, undertook studies in 1987 which showed that residents and medical students use less of all major drugs than people of that age group in the general population. They cited alcohol, marijuana, opiates, and cocaine, as specific areas where use is lower and provided figures showing the lower use of cigarettes and amphetamines. A new, comprehensive AMA-USF survey is being sent to a nationwide sample of 10,000 physicians in order to increase the available data.



Brachytherapy Now Offered in Rocky Mountain Region

Denver Hospital Only One in Area to Obtain This Hi-Tech Lung Cancer Treatment

by Susan P. Proudfoot, MSHA
Executive Director, Lung Cancer
Institute of Colorado

Brachytherapy, remote after-loading radiation therapy utilizing the Nucletron HDR 192 IR, is now offered at Presbyterian Denver Hospital (PDH). The service, a high dose rate interstitial and intraluminal system, consists of a treatment unit in which a single high intensity iridium source is loaded into a small (<2mm) catheter for treatment of bronchial or esophageal cancers. Although principally designed for the treatment of bronchial carcinomas, the microselectrom-HDR can also be used for radiation therapy in cancers of the bile duct, bladder, brain, breast, cervix, endometrium, head and neck, nasopharynx, esophagus, prostate, rectum and many other applications. About half the use of the HDR will be for lung cancer patients. Brachytherapy is in use at 75 hospitals in this country, including M.D. Anderson in Houston and Johns Hopkins in Baltimore. Currently, AMI Presbyterian Denver Hospital is the only facility in the Rocky Mountain Region offering brachytherapy.

For bronchial treatment, iridium 192 is delivered to the treatment site with a flexible catheter inserted directly through a bronchoscope. For intracavitary and interstitial treatments, various flexible and rigid applicators and needles are available to deliver the radiation source.

"We see this therapy as one of the first steps in making inroads into what has become an epidemic of lung cancer," said Timothy Kennedy, M.D., medical director of the Lung Cancer Institute of Colorado. The Institute, a nonprofit organization dedicated to clinically relevant research in the prevention, diagnosis and treatment of lung cancer, was a major facilitator in introducing brachytherapy to the Rocky Mountain Region.

"This is a much more thorough therapy for pulmonary patients in that tumors can be controlled beyond what is visible," adds Dr. Kennedy. "With laser, only that part of the tumor which is within reach of the beam is affected. We see this as both an early and late therapy—it can be implemented after laser or external beam therapy has been tried and has failed or, preferably, as an earlier treatment for lung cancer. Brachytherapy also enhances a patient's quality of life during care episodes. Patients only need 2 to 3 brachytherapy treatments, rather than the 40 necessary with external beam radiation. Additionally, brachytherapy controls localized cancer (e.g., airway obstructions, coughing of blood, post obstructive pneumonia, etc.), an affliction affecting approximately 40% of all lung cancer patients.

The Lung Cancer Institute of Colorado plans to collect data on brachytherapy to analyze effectiveness and palliation. This research effort will be accomplished in consort with other lung cancer treatment investigations being pursued by the Institute's physician consortiums.

Richard Lienert, M.D., medical

director of Radiation Oncology at PDH also looks forward to the introduction of this therapy. "Current Low Dose Rate (LDR) radiation delivers up to 200 centigrey (rads) per hour. The new High Dose Rate machine will enable us to accurately deliver up to 1,000 centigrey in five minutes. We will use a tiny, (1.1 mm by 0.6 mm) extremely intense source—10 curies. Low dose rate was one-one thousandth of this. We can accomplish what used to take days of LDR therapy more safely in a few minutes."

In addition to safely, accuracy and speed, there are many advantages to patients. Dr. Lienert says, "Gynecologic cancers, for example, can now be treated on an outpatient basis. Until now, uterine, cervix and vaginal cancers have been treated with LDR cesium and the patient stayed in the hospital two or three days, underwent anesthesia and substantial bedrest.

"With brachytherapy, all that will be eliminated. We can treat these cancers on an outpatient basis in as little as an hour."

"The computer in this system also gives us added accuracy. In the treatment of breast cancer, needles should be one centimeter apart; but it's difficult to be exact in placement. The Nucletron HDR adjusts dose time in each of the treatment needles to compensate for inexact placement."

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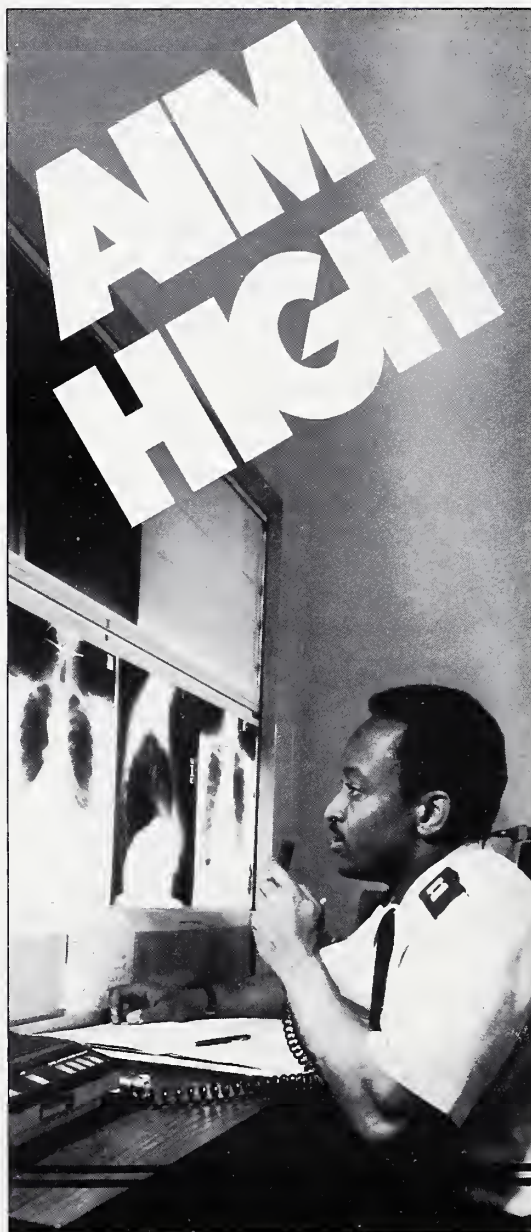
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President, Colorado Medical Society*

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This Month's Cover — CMS Treasurer Steven Thorson, M.D., is obviously happy about signing the check you see, representing over five years of frustration, planning, hard work and determination among the leadership and members of CMS to resolve the post-building project fiscal vexations.

There's more! The practice of medicine, in addition to its humanitarian aspects, is a business. Does the adage "The customer is always right" apply to the business of medicine? This issue is loaded with information on matters of vital concern to the "business of being a physician" as well as how to get out of the business.

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NOTICE!

Special Insert

Look inside for information on the

CONFERENCE ON MEDICINE IN THE '90s

COLORADO MEDICINE (ISSN-0199-7343) is published monthly as the official journal of the Colorado Medical Society, 5575 DTC Parkway, Suite 240, Englewood, CO 80111. Telephone (303) 779-5455. Outside Denver area, call 1-800-654-5653. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550. Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office. Subscriptions are available for \$30 per year, paid in advance.

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"I suggest a new direction is needed for our profession."

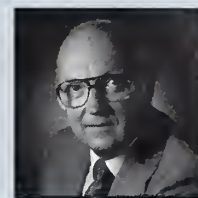
All too often, our profession and our professional associations are viewed by the public and government as limiting our activities to "pocketbook" issues. The reason most physicians entered this profession was to provide "caring service" for those in our society who are ill, have been injured or disabled. Some special interest groups within medicine are perceived as addressing only "pocketbook" issues while forgetting the needs of the patient. This has led to public disapproval, criticism and to legislative reaction to what they perceive as a failing system.

The 1989 CMS Leadership Conference (April, 1989) addressed the topic of prioritization (rationing) of health care. CMS has been working with Donald Hoagland, Director of the University of Colorado at Denver Center for Health Ethics and Policy to study the problem of prioritization of health care services and the role of organized medicine in this process.

On December 13, 1989, CMS sponsored a seminar entitled "Ethics and The Economy". This seminar was well attended by a broad representation of society and addressed the ethical and practical problems of rationing of health care. CMS is also supporting a study being conducted by David Haydorn, M.D., that will look at the effectiveness of medical and surgical interventions.

As an outgrowth of the seminar on

John F. Farrington, M.D.
President, Colorado Medical Society
1989-1990



Ethics, Patients and Our Profession

"Ethics and the Economy", CMS has begun to look for other groups that must become involved in the ethical problems in rationing of health care services. It is the belief of CMS that if health care rationing is to become a reality, it must first be addressed by a group with broad representation from all segments of society.

On February 8-9, 1990, CMS joins the Colorado Hospital Association, Colorado Trust, Great-West Life Assurance Company, and the University of Colorado at Denver Center for Health Ethics and Policy to co-sponsor a seminar conducted by the A. J. Kauvar Foundation entitled "Health Care System Chaos and the Future". Speakers who will delve into the economic problems of American medicine include William K. Coors; Richard D. Lamm; Harvey Barkum, M.D., Association of Canadian Medical Colleges; Peter A. R. Glunn, PhD., Assistant Deputy Minister of Health and Welfare, Canada; Henry E. Simmons, M.D., President, National Leadership Commission; James S. Todd, M.D., Senior Deputy Executive Vice President, AMA; Alain Enthoven, PhD., Stanford University; Robert W. Hungate, Government Affairs-Healthcare Manager, Hewlett-Packard Co; and Powell Woods, Vice President, Human Resources, Nestle Enterprises, Inc.

These are obviously not pocketbook issues; they are patient care issues.

With an eye on the public purse strings, the federal government and many state legislatures are attempting to control costs without much concept of what the public's health care needs are.

The passage in Oregon of a law to ration health care for the medically indigent population to attempt to make the dollars go farther has posed many ethical questions. These questions range from whether rationing is an ethical method of distributing health care and containing costs to what role, if any, physicians should play in the process.

"These are obviously not pocketbook issues; they are patient care issues."

During the current Colorado legislative session, Representative Carol Taylor-Little will introduce a bill "CONCERNING THE PROVISION OF HEALTH CARE SERVICES TO THE MEDICALLY INDIGENT, AND, IN CONNECTION THEREWITH, AUTHORIZING A VOLUNTARY EMPLOYER-SPONSORED HEALTH INSURANCE POOL" which will address rationing of health care services for the indigent population and create a Colorado Health Services Commission.

I suggest a new direction is needed for our profession. In an editorial by Malcom S. M. Watts, M.D. (*Professional Values and Organized Medicine:WJM 151:553-554 [November] 1989*), wrote "One wonders if it is not time for organized medicine to look for a new and quite different approach, perhaps to rise to a different standard that might begin to identify with some of the larger interests or professional values that are widely held among almost all physicians, a standard that would transcend spe-

cialty and even economic interests and make any physician feel good and even proud to be a member of the county, state, and national medical association. And where might such professional values be found? One might look to some of the reasons physicians enter into medicine in the first place. Most are or have been motivated by a desire to serve people who need help - that is, patients: to be part of a profession that is both challenging and truly needed; and then, to promote human health and well being in the larger society. It is hard to be a physician and not have had these interests . . . Some genuine social and political power might result from doing so".

I believe the public would rather look to the integrity of the medical profession than to an uncertain and uncaring political process to determine how they will receive their future health care.

It is distressing that, to date, our patients have not participated in these deliberations.

CMS Executive Director Resigns

The CMS Board of Directors has accepted the resignation of Harold F. Frye, Executive Director, CMS.

After three and one-half years with CMS, Mr. Frye chose to pursue his personal and professional interests. Duties of the interim directorship are being shared by Sandi Maloney and Rod Brewster, Assistant Executive Directors.

How Do YOUR Patients Perceive YOUR Practice?

NEW YEAR'S RESOLUTION: I Resolve To Make My Patients Feel Better About Medical Care

by Michael P. Thompson
Assistant Managing Editor

Once upon a time, patients admired and respected a physician enough to do everything they were told without questioning. Granted, the payment might have been a sack of potatoes or a chicken, but honor and prestige compensated for a lot of that.

Despite the advantages, many physicians would not return to that era, preferring today's involved, proactive patient to the naïve soul of yesteryear. Yet, no progress is without its price. Today's patient may be more informed on current medical technology and the like, but he is also more likely to be cynical concerning the physician's motives and the health care system in general. And the litigious nature of contemporary society is too legendary to require mention.

All this, while well known, is an amorphous, national problem to the individual practitioner. What is more important is how your patients feel about you. It's a question not asked often enough by today's busy physician, but one which has been identified as lessening the incidence of malpractice suits, for instance. (See **Colorado Medicine** for July 15, 1988, pp. 261-266).

How the general public perceives medical care is one of the primary concerns of the Colorado Medical Society, and one of the areas in which

the Society works incessantly on your behalf. One of the problems in dealing with such widespread public opinions, however, is determining what they are. Take public opinion polls for instance. Joseph F. Boyle, MD, quotes the cynic as saying "You let me ask the questions and I will provide you with any answers I want!" (Are We Asking the Public The Right Questions? *The Internist*, August, 1989, p. 36.) Conflicting opinion surveys amply indicate the way results can be skewed just by the way the questions are

***Physician-Patient
communication can help
lessen the incidence of
malpractice suits.***

phrased. Dr. Boyle cites a survey in which the overwhelming majority of US citizens believed their health care system needed significant overhaul, compared with a much higher level of satisfaction in Great Britain and Canada. While few of the respondents would prefer to switch to the British system, a large number thought the Canadian Health Care system superior to ours. Yet, Boyle points out, they are merely two different points along one continuum, "Today, just about all U.S. planners and theorists in the economics of health care have discarded the U.K. model but ominously seem to be ignoring the early evidence of strains

in its 20-year younger Canadian sibling—possibly because no one is asking the pertinent questions."

Dr. Boyle points out that these same planners were greatly enamored of the U.K. system in its infancy, but have now seen that its problems were not due to its immaturity but its basic structure. He sees the same thing happening now in Canada. The problem is getting your patients to see that. "To a populace that must be legislated into wearing seat belts, what is it worth to have a computed tomography (CT) head scanner in a hospital within easy reach by ambulance of a serious automobile accident? Reliable data tell us that if the rules utilized by the medical care system in the U.K. were imposed on Americans, we would experience an excess mortality annually of at least 150,000—from heart disease, renal disease and cancer alone—and that another 150,000 more would die prematurely."

Yet he points out that simple recitation of this data would not impress the average Britisher, let alone the average American. Patients need to hear real stories from real physicians. Would your cardiovascular patient like to wait in line up to several months for surgery? How would your geriatric patient like to be lower on the priority list than those deemed "more valuable to society"? Would any of your patients choose long lines awaiting consultations or

"If the rules utilized by the medical care system in the U.K. were imposed on Americans, we would experience an excess mortality annually of at least 150,000."

access to diagnostic facilities? They might, unless warned ahead of time.

We are certainly not immune to these problems in Colorado. On July 15, 1989, D'Ann Hopper wrote, in a letter to the Denver Post, "The health system is failing everyone except the medical profession, which is holding society at ransom. The prevailing concern is that many people have no health insurance, but no one mentions that there was a time when it was possible to pay one's doctor and hospital charges because they were in line with other charges and with wages."

The writer complains that the medical profession is holding Coloradans hostage to their own health care needs, "When other goods and services are exorbitantly and ridiculously priced, we may forgo them....However, medical treatment is difficult to forgo. Therefore, it is a hostage situation that will require either a legislated cap on medical charges or a decent national health plan. The medical profession obviously has no intention of controlling itself."

Now, you and I know that physicians, on the whole, are much better people than that, and that the remedies proposed by the author would do more harm than good (see the British National Health Plan above). But this author doesn't know it, and there seem to be a lot of other people in the same boat. Surely D'Ann Hopper has used the services of a physician at some time. Did that physician take the time to explain what was going on, and why, and what is done with all the money that is charged for it? From the tone of the letter, it would seem not.

The problem does not end with your individual patients, either. The Colorado Medical Society Council on Legislation followed literally dozens of bills in the state legislature last year, watching for those that would affect your medical practice, as well as the state of medicine in Colorado as a whole. For instance, CMS supported SB 193, which would have created a health insurance plan for "uninsurable" residents of the state, paid for by an employer footed "head tax". Did your legislators know your opinion? Did your patients?

What about other bills requiring Mandatory Health Insurance by employers for normal pregnancy and birth (SB 211), naming what is and is not an "unprofessional activity" (HB 1183), creating a Commission to address rural health care issues (HB

"Physicians are suffering through an era of unfriendly perceptions on the part of their own patients."

1229), or freeing you from some odious infectious waste disposal regulations (HB 1328). These are only some of the bills which will have a direct and possibly drastic effect on how you relate to your patients. Do THEY know what *you* are doing on their behalf?

Yes, physicians are suffering through an era of unfriendly perceptions on the part of their own patients. Nancy Gibbs, writes in Time magazine, "The air of the operating room, where once the doctor was sovereign, is now so dense with the second guesses of insurers, regulators, lawyers, consultants and risk managers that the physician has little room to breathe, much less heal." (*Sick and Tired*, TIME, July, 31, 1989, p. 48) She quotes George Bernard Shaw, "I do not know of a single thoughtful and well informed person who does not feel that the tragedy of illness at present is that it delivers you help-

continued on following page...

LEGAL UPDATE:

NEW REQUIREMENTS FOR PROFESSIONAL REVIEW

By SUSAN T. SMITH

Health care entities participating in medical staff and other peer review organizations will have to comply with new federal reporting requirements for professional review, medical malpractice judgments and settlements and other reportable incidents. Failure to comply with the reporting requirements, although not actually effective until the National Practitioner Data Bank is implemented, can subject entities to a number of serious sanctions, and will negate immunity offered by the Health Care Quality Improvement Act of 1986. Final regulations setting out these requirements were published by the Department of Health and Human Services on October 17, 1989.

Attorney Susan T. Smith heads the health care administration department at Pryor, Carney and Johnson, P.C., a 40-attorney Denver law firm that offers a full range of services to health care providers including medical malpractice defense, contract negotiations, Medicare/Medicaid, peer review, medical staff issues and personal legal services.

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lessly into the hands of a profession which you deeply mistrust."

Surely there are some thoughtful and well informed people among your patients. But many of them don't realize what a peach of a person you are, and how zealously you watch out for their interests. Ms. Gibbs mentions that, "Life expectancy has jumped during this century from 47 to 75 years. And yet the physicians, victims of their own success, are finding that however swift the advance of medical knowledge, it is still outpaced by public expectations."

She cites effective communication between physician and patient (yes, it does sound too simple) as a primary cure for the problem, "A doctor's words may speak louder than actions, but every patient hears them differently, and doctors end up feeling they cannot win. When Cincinnati receptionist Doris Roetting had a mastectomy in the fall of 1987, her surgeon assured her that she was recuperating nicely. Her oncologist, however, was a bit more explicit, to Roetting's dismay. He quietly explained that she had a 90% chance of being alive in five years and an 80% chance of surviving ten years. Some patients might have been grateful for such candor: Roetting went home in tears. 'I think everybody who has cancer knows there is a chance they can have it again,' she says, 'These doctors should show a little more finesse.'"

Studies show that patients with a good long term relationship, sue their physicians far less often than those who have a casual or periodic association. Communication is again the keystone. Ms. Gibbs cites the testimony of Cornell's David Rogers, "Many malpractice suits come because people are angry at their doctors for not communicating." She finds agreement from Consumer advocate Michael Rooney of the People's Medical Society, "It's when they feel they've been hurt or betrayed that they sue."

According to an article in the Wall Street Journal (October 5, 1989) "Recent health care research shows that what patients want most from a doctor's appointment is, first, a chance to tell their story and second, informa-

tion about their problem and how to solve it. Though patients can also be a barrier to communication, doctors on average interrupt patients within the first 18 seconds of an interview then spend less than two minutes of a 20 minute session imparting information."

Ms. Gibbs cites yet another opinion

"What patients want most from a doctor's appointment is, first, a chance to tell their story."

survey showing a great deal of patient dissatisfaction. This bothers the individual physician who perceives him/herself as a caring, compassionate individual. Surely, you say, all I have to provide is good medical care. My patients know by that that I am concerned about them and their needs, don't they? Not necessarily. The Time magazine article goes on to point out that many patients are now shopping for status, rather than savings. You've heard the line. "I want the top expert in this field." That's usually more a matter of public relations than medical skill. Florida ophthalmologist Robert Rogers, MD, hired a business consultant to help him manage his practice. "My feeling was that if you're a decent physician giving decent service, that's really all you should have to do. But patients don't seem to want that. They like the flashy stuff. They like to see your name in print. They like to see you lecturing."

You shouldn't have to worry about all that image stuff, but you do, if you want the patients to respond correctly. The New England Medical Center in Boston conducted a study in which patients who were coached before their office visit showed greater health improvement than did uncoached patients in a control group. Now they are working on teaching the physicians to be the coaches. Someone needs to help these people get the most out of their medical care. The Wall Street Journal article cites a study in which 60% of patients leaving an appointment with a physician were

confused about instructions on medication, and more than half of new prescriptions are taken improperly or not at all. Patients need effective education to help them respond appropriately to medical care. Who else is going to give it to them?

These people are your patients. They are the ones you spent all those long hours studying for, the reason you chose medicine as a profession. American Society of Internal Medicine Executive Vice President Joseph F. Boyle, MD asks about the patients in *your* medical care system. Have you asked a 60 year old angioplasty patient whether she is aware that she could not have obtained this life saving procedure in Britain at all? Does he know that a Canadian would have had to get into a long of folks awaiting the angiography just to diagnose the coronary artery occlusion in the first place?

Is your MRI or CT patient grateful for the unique opportunity presented

"These people are your patients."

by the market driven U.S. health care system? Do those who receive chemotherapy for the palliation or cure of cancer, or the families of patients whose brain tumor was diagnosed early because of the availability of (and often, the employer payment for) the proper technology, know how rare this situation would be in the rest of the world? What about the patient for whom the *absence* of significant disease can be confirmed quickly because American physicians have available and know how to use the best that modern medical science can provide?

Dr. Boyle sees the physician as the front line of this effort. "(W)e need to make certain that the public—our patients—have a more informed view of just exactly what the system is, has and does for them. Pick your own subject. Develop your own list. But do begin asking some of those questions. I doubt seriously that anyone else is going to do it for us."

1990 Legislature In High Gear!



*Donald Parsons, MD
Chairman, Council on Legislation
with*

Sue Ellen Quam

*Director, Government Relations Department
and*

Lorraine Koehn, Lobbyist/Administrative Assistant

Colorado Medical Society members and staff can expect another hectic legislative session. Four days into the session finds members of the general assembly with approximately 300 proposed bills to review and act upon. All members of the general assembly can introduce up to four bills each plus carry legislation from the various interim committees. We can expect at least 500 measures to be reviewed by the general assembly by the end of the legislative session.

It is extremely difficult for legislators to keep up with this grueling workload. Associations, lobbyists, and the general public also find it difficult to review this many proposals as well. Our CMS committees have been devoting numerous hours critiquing many of these proposals and they should be commended for the time and energy they have expended. Our councils and committees will be called on to help us focus our resources and our time on those bills which most significantly impact our patients and the practice of medicine.

On January 12 the **Council on Legislation** reviewed HB 1043 by Representative Betty Swenson and **Senator Dottie Wham** which repeals the sunset provisions for private duty nursing services and ventilator dependent services in order to continue such services to medicaid clients. The Council voted to support this proposal. Senator Wham also

presented an update on the activities surrounding the sunset review of the 1987 AIDS legislation. The bill draft is not complete at this time so it will be detailed in the next issue of the lobby.

Dr. Mason Howard, President of

"Our CMS committees have been devoting numerous hours critiquing many of these proposals."

COPIC, presented the **COPIC legislative agenda** for 1990 and requested our support on legislation involving collateral sources, punitive damages, frivolous lawsuits, and good samaritan acts.

The Collateral Source bill would allow the defendant in a medical professional negligence case to introduce directly to the jury evidence of monies received by a plaintiff from third-party sources. The plaintiff may then introduce evidence of premiums paid to secure the third-party benefits. The difference between these amounts will be deducted from the final award.

Punitive Damages: Under the provisions of this bill, no plaintiff will be allowed to claim punitive damages in a medical professional negligence case until after the conclusion of discovery and only after establishing a

prima facie case therefor.

Punitive damages would be limited to the amount of actual damages, not to exceed \$100,000.

Frivolous Lawsuits: Attorney's fees may be awarded against a plaintiff and/or his attorney if a suit against a health care professional is not voluntarily dismissed upon motion of defendant, when the court finds the the plaintiff and/or attorney knew or reasonably should have known that they are unlikely to prevail in trial.

Good Samaritan Proposal: A physician or surgeon will receive good samaritan protection if they treat a person not their patient without compensation in an emergency which arises in a health care institution.

The purpose of this proposal is to offer good samaritan protection to physicians and surgeons who see emergency patients who are not their patients in the hospital setting if the service is rendered without compensation.

A listing of all bills being followed by the CMS is published in the **1990 Legislative Digest** which is mailed bi-weekly to all component medical societies. CMS members may receive a personal copy of the digest by contacting Sandra Cloon, Dept. of Government Relations (779-5455 or 1-800-654-5653, Ext. 427.)



A monthly report of current and on-going activities of the Councils, Committees and Sections of the Colorado Medical Society. None of the information herein is meant to indicate a policy or position statement of the Colorado Medical Society. This report is designed only to inform CMS members of their organization's activities and study projects at the Council, Committee or Section level.

February, 1990

COUNCIL ON PHYSICIAN/PATIENT ADVOCACY

Dr. Robert McCartney, Chairman, has suggested that this committee might be interested in addressing issues of Universal Health Insurance rather than simply opposing the concept. Topics of interest regarding this issue will be addressed at the monthly meetings. In addition, reports from the Medicare Advisory Committee, Medicaid Physician Committee and the Workmen's Compensation Advisory Committee are received at each meeting.

MEDICAID PHYSICIAN COMMITTEE

This is a relatively new committee dealing primarily with Fiscal Agent performance and education of the public regarding the Medicaid Program in general and the special programs being instituted at this time.

WORKMEN'S COMPENSATION ADVISORY COMMITTEE

The committee is concentrating on legislative issues at this time, dealing with introduction of new legislation as well as working to amend proposed legislation.

COUNCIL ON LEGISLATION

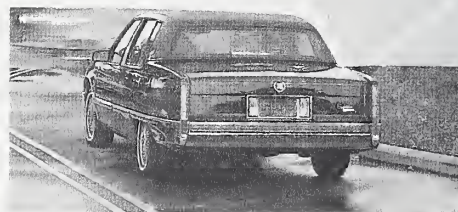
See The Lobby (preceding) for more information on this Council, which will meet weekly during the 1990 legislative session, now underway.

Call CMS at (303) 779-5455 or 1-800-654-5653 for information on any particular council or committee.

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What To Do When the Board of Medical Examiners Knocks on Your Door

David A. Burlage, Esq.

This column is not legal advice, but is for general information only. For help with specific problems, readers should consult an attorney.

Mahatma Gandhi listed the seven deadly sins as:

- Wealth without work
- Pleasure without conscience
- Knowledge without character
- Commerce without morality
- Science without humanity
- Worship without sacrifice
- Politics without principle

Most of us accept these "observations of life" as generalizations which make good sense. My purpose is to share with the reader some general observations I made while representing the State Board of Medical Examiners as its legal advisor for five years. I saw physicians and their attorneys making the same mistakes time and time again. Hopefully, you will review my "seven deadly sins" as observations which make good sense and which may assist you in saving your medical license.

• Action Without Foresight

Physicians are very perceptive in their dealings with patients. Physicians usually know when a patient is dissatisfied. Oftentimes this dissatisfaction leads to complaints by the patient to a specialty society or local medical society. When responding in writing to these complaints, have the foresight to realize that the complaint and your response may one day be thrust upon the BME for its review. Your response may impact your licensure. Be professional. Be courteous. Your response should reflect good professional judgment and be presented in an organized, clear format. Finally, be completely truthful. Nothing will turn the wrath of

the BME against you faster than an untruth or a half-truth.

Occasionally, a physician may encounter a credentialing or privileges issue at the hospital level. Many times such issues are settled by compromise. Be mindful that the final outcome may impact your medical licensure since some settlements must be reported to the BME. If possible, find out in advance what action the BME intends to take based on the compromised or negotiated settlement. Don't wait until after the fact to be shocked or surprised.

• Allegation Without Response

The BME initiates all investigations against physicians by issuing a letter to the physician under investigation requesting his or her response within twenty days. This letter is often referred to as a "twenty day letter". In the twenty day letter, or attached to it, you should find a statement of the allegations being made against you. While it is true a physician is not required to provide a written response, the BME views no response as an inappropriate response. Take the investigation seriously and provide a well written response. You owe that much to yourself. Failure to provide a response will only result in further

investigation. The response can be prepared by either you or your attorney. I believe the most effective approach is for the physician to prepare the first draft of the response and to then review it with his or her attorney. The response should be signed by the physician, keeping in mind everything said in the response may some day be at issue in a licensure hearing.

• Response Without Substance

Keep in mind when responding to a BME twenty day letter that it is *your* qualifications, the quality of *your* medical care, or *your* professional judgment that is the subject of the inquiry. To attack the patient or another health care provider in your response does not serve you well at this stage of the investigation. Limit your response to your qualifications, the quality of your medical care at issue, and your professional judgment, if at issue. Feel free to refer to the actual record for specifics. Advise the BME of the identity of other physicians who support your care or your position. These physicians may include experts retained by you in the event you were sued for malpractice. These physicians could also include

continued following next page...



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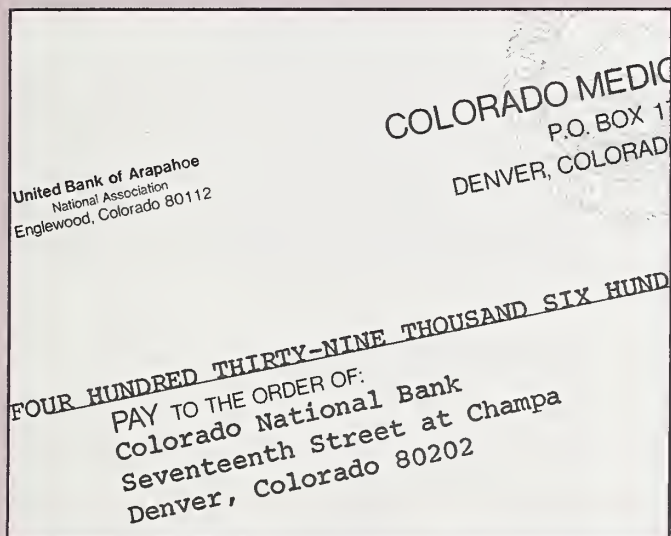
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AT PRESS TIME...

CMS Med Fax

AT PRESS TIME: CMS Med Fax features items which came to light too late to be included in Colorado Medicine, but which we felt you needed to know quickly. It was printed after the rest of the magazine had already gone to press, then inserted. Eds.

BOND PAYOFF FINISHED!



On Thursday, January 18, 1990, CMS Treasurer **Steven Thorson, M.D.**, applied his signature to the second line of a check for \$439,652.87 payable to the bondholder trustee (Colorado National Bank). This check represents the final payment from CMS to bondholders of the ill-fated building project of 1983-'85. Distribution of checks to bondholders is expected to be made before January 31.

CMS President John Farrington, M.D., had previously signed the check and was away at the capital testifying before a legislative committee hearing. When the check was completed, Dr. Farrington said "I must put the credit where it belongs. It was at that board meeting 5 or 6 years ago. Those directors made the right decisions, and the membership stuck with the organization. The credit goes to the board and to the membership in getting CMS back in the black. The CMS dues were reduced this year because of this accomplishment. The dues will go down further next year. The organization is greatly appreciative of the member's support." Dr. Farrington also noted that there were others among the CMS staff as well as outside volunteers and consultants who had a great deal to do with the successful restructuring of the

CMS debt and the successful payoff. He added that they would certainly be remembered for the job they'd done. Farrington closed the discussion by saying "Now, we're ready to put it all behind us and go forward into the '90s with new resolution and a renewed medical perspective".

W. Gerald Rainer, M.D., of Denver, who was President at the time of the change of course on the CMS building project, was called upon by the membership to take the reins of the society with a very specific charge: Save CMS from bankruptcy and liquidation!

Dr. Rainer and Charles Marcus, the then executive director, launched a bold plan of fiscal and administrative restructuring. During the ensuing year, CMS underwent severe changes in its staffing, operations and programs. Despite severe losses in membership and dues income, the cutting of over 50% of staff and re-focus of internal activities, CMS survived the trauma. With many appeals to the membership and to bondholders, Dr. Rainer launched a program to pay back the bondholders 100% on the invested dollar, sans any interest earnings, and to rebuild the operating reserves of the society . . . without losing its efficacy in legislative or other physician service programs. Rainer said at the time "It will not be an easy job . . . nor will it be pleasant, but Colorado Medical Society must survive". Membership responded to his appeals, supporting the effort by paying off the indebtedness through increased dues. In addition to surviving this monumental challenge, CMS has become stronger and markedly more effective in its programs because of a heightened interest of its volunteer membership. That membership has also grown, and is fast approaching the 1985 level. One of Dr. Rainer's favorite symbols of that year was the "Phoenix". When asked



CMS Med Fax

if he thought the illustration was what the bird actually looked like, Rainer replied "No one knows, but it doesn't matter; CMS also looks pretty funny right now. No one knows what the future CMS will look like, but it WILL be reborn, and it will be a stronger and more effective entity as a result of this rebirth".

Dr. Thorson was happy to be interrupted in a Risk Management Committee meeting to sign the check. As he did so, he expressed his delight in being able to put the final touch on the bond payback project. He announced to the committee that it was the happiest task he had ever had as CMS Treasurer (and was the largest check he'd ever sign).

Chuck Marcus said the bond payoff "is a fitting symbol of the physician professionalism and their collective determination to protect the 119 year history of Colorado Medical Society. I congratulate them for this huge accomplishment".

LOW BIRTH WEIGHT BABY PROJECT

"Colorado ranks ninth from the bottom for low birth weight babies, those weighing 5 1/2 lbs or less at birth, but by counseling pregnant women to reduce behavioral (lifestyle) risks, the problem can be significantly reduced, as shown in a recently completed analysis done by the Colorado Department of Health." These are the words of an announcement from the Colorado Department of Health.

Robert McCurdy, M. D., director of medical affairs with the Family and Community Health Services Division, said "It is relatively easy to have a positive impact on the high risk behaviors of pregnant women".

Colorado Medical Society is pleased to have participated with COPIC Insurance Company as co-sponsors with the CDH in the production of a series of pamphlets to be distributed through various prenatal clinics. These pamphlets deal with advising expectant mothers on the effects of alcohol and substance abuse, stress, smoking and proper diet. Nancy Salas, director of the Low Birth Weight Project, said "Our study demonstrates that by focusing on behavioral risks, we can change high risk lifestyles and reduce low birth weight rates." She has informed COPIC Insurance and CMS that the pamphlets have proven so popular with the counselors and have had such a positive impact on the patients that the Project will be

re-ordering some 30,000 of each of the pamphlets.

The National Center for Health Statistics reports that in 1986, the last year available, Colorado ranked number one in the nation for the worst low birth weight (LBW) rates among whites and blacks. Overall, including all races, Colorado ranks ninth worst. However, through this project, with the counselors' assistance, many of the 1,739 at-risk women attending four prenatal clinics were able to eliminate the behavioral risks of LBW:

- 27% of the 1,071 smokers quit smoking
- 80% of the 477 alcohol users quit drinking
- 61% of the 627 women who had problems gaining adequate weight during their pregnancy were able to reach their weight gain target
- 48% of the 426 women who were underweight at the time of conception gained an adequate amount of weight.



**MOMS-TO-BE
MAKE THE DIFFERENCE**

**LOW BIRTH WEIGHT
BABIES CAN BE
PREVENTED**

consultants and partners. Don't overlook this source for additional support.

- **Response Without Restraint**

Infrequently, a physician will feel compelled to address in his or her written response the propriety of a BME investigation. Resist this urge unless the BME is clearly proceeding beyond the scope of its jurisdiction. The administrative staff and members of the BME are only doing their jobs. To attack their integrity or question their motives in your response is a mistake. Don't do it. This is not the appropriate stage to voice issues of bias, prejudice or motive. Your response should be professional, courteous and well written in a organized, clear format. It should be typed, not hand written or printed. Above all else, it should be truthful.

- **Cooperation Without Knowledge**

If the BME investigation proceeds after your response has been submitted and considered, you may receive a request to be interviewed by an investigator for the Department of Regulatory Agencies or you may be asked to hand over random patient records for review by the BME. Before you agree to be interviewed or to hand over random patient records, you should have a good understanding of your legal rights. What you say in an interview and what your patient records reveal can lead you down the path to a licensure hearing. If random patient records are requested, make sure a subpoena is properly issued by the BME and consider whether a motion to quash the subpoena is appropriate. The courts in other jurisdictions have quashed subpoenas for random patient records. You do not have to consent to an interview. If you consent to an interview, your attorney may certainly be present to assure that the questions are proper and pertain to the issues being investigated.

- **Change Without Reason**

Never delete, alter or add to the medical or hospital records once an

investigation has commenced. Whatever you may think this accomplishes, it is outweighed by the resulting attacks on your credibility and motive. It serves no useful purpose and is detrimental. Resist this temptation at all costs.

- **Litigation Without Preparation**

If the investigation proceeds to the filing of a formal complaint and a licensure hearing, be prepared. The matter will not be heard initially by your peers. It will be heard most often by a lawyer and not by the BME. Don't assume you can simply tell your side of the story and walk away. You can't. The BME inquiry panel will be represented by a very capable attorney. He or she will attempt to make you look bad through cross examination. He or she will present expert testimony, the purpose of which is to make you look bad. Be prepared. You need to present your case as skillfully as possible. You need expert medical witness testimony to support your position. You need to know and understand the rules of practice before

an administrative agency. Such a hearing is expensive in terms of both time lost and money spent. However, the expense of a license suspension or revocation far outweighs the costs of a successful defense, not only in dollars but in reputation.

Conclusion

The BME now has adequate legal funding to investigate and adjudicate an ever increasing number of cases. With the reporting requirements now in existence and the litigious nature of our society, an increasing number of physicians can expect to be investigated by the BME. Avoid the "seven deadly sins" and increase your chance of a favorable outcome.

David A. Burlage Esq. is a Senior Associate in the law firm of Montgomery Little Young Campbell & McGrew, PC, attorneys to the CMS. Mr. Burlage was in private practice from 1979 to 1982 and served as First Assistant Attorney General for the State of Colorado, assigned to the BME, from 1982 to 1987, before joining that firm.



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Component Sketchbook on CMS Leadership



by Michael P. Thompson
Assistant Managing Editor

Clear Creek Valley Medical Society President M. Robert Yakely, MD



This time of year has given many of us time to reflect on life as it is, and M. Robert Yakely, MD is no exception. As President of the Clear Creek Valley Medical Society, he is pleased with the way medical professionals and their organizations reach out to others.

"At this holiday season," he wrote in the December issue of the Clear Creek Valley Medical Society Newsletter, "I think all our lives are enriched by the opportunities it affords us to express our sharing and caring for others, some of whom we love, and some for whom we feel compassion because they are less fortunate."

Dr. Yakely cited several examples of this "reaching out", at least in Clear Creek Valley. One was the grievance committees, which he says "help the public have a forum where their complaints can be resolved." Legislative activity was another positive note, "The people on our legislative committees, in the society and auxiliary, have registered voters and helped

motivate doctors to get to the polls because they believe in a participatory democracy." Speaking of the auxiliary, Dr. Yakely told Colorado Medicine "The auxiliaries have had good projects to give nursing scholarships." He saw many positive aspects of auxiliary activity, both in Clear Creek and across the state.

"The big project this year is going to be the medically indigent," said Dr. Yakely. He said that CCVMS will be cooperating with statewide efforts as well as conducting their own research to determine what kinds of activities are currently underway for the indigent. Once

this information gathering phase is over the results will be correlated with other databases such as those from hospitals and other health care organizations. This will be used in planning a coherent, targeted program to address these pressing needs.

A rising problem in medicine is the professional in need of assistance. Dr. Yakely cites the positive impact of physician health committees in "giving their time to help their colleagues cope with drug and alcohol problems, stress due to malpractice, teenagers, divorce, etc." Who better to help these people than their colleagues who can identify with their problems? And who better to

help the medically indigent than the medical profession? Dr. Yakely believes in the ability of medical professionals to be, "helping our working families who have no health care insurance to obtain access to the system by finding solutions which are acceptable to doctors, and to society, to provide that care in the years ahead."

The CCVMS President sees medicine operating according to priority in the New Year, saying, "Time for each of us may be our most valuable asset." He expressed gratitude to those who have given their time to improve their city, state and medical community and encouraged each one to continue the effort. "It would be a sorry place in which to live if all of this giving suddenly disappeared."

M. Robert Yakely specializes in Urological Surgery with his associates in Denver. He served his internship at

the
Ohio
State
Univer-
sity
Hospital
and was
a
resident

***"Time for each of us
may be our most
valuable asset."***

at the University of Colorado Medical Center. He has been a member of the Colorado Medical Society for 18 years.

The positive notes sounded by Dr. Yakely can be taken to heart by any medical practitioner. In his words, "Thanks for the giving and caring."

The Rights of Divorced Persons May Be The Same As The Rights Of A Married Spouse

Mary Lou Amoroso
Social Security Administration

Many divorced persons don't realize they are entitled to the same benefits on a worker's Social Security record as a married person if the marriage lasted ten years or more.

Vincent A. Hayes, District Manager of the Denver Social Security District Office, says this is true even if the worker remarried. If the divorced spouse has remarried, though, he or she may lose rights to benefits on the worker's Social Security record.

When can a divorced spouse collect benefits? When the worker starts collecting retirement or disability payments if the divorced spouse is:

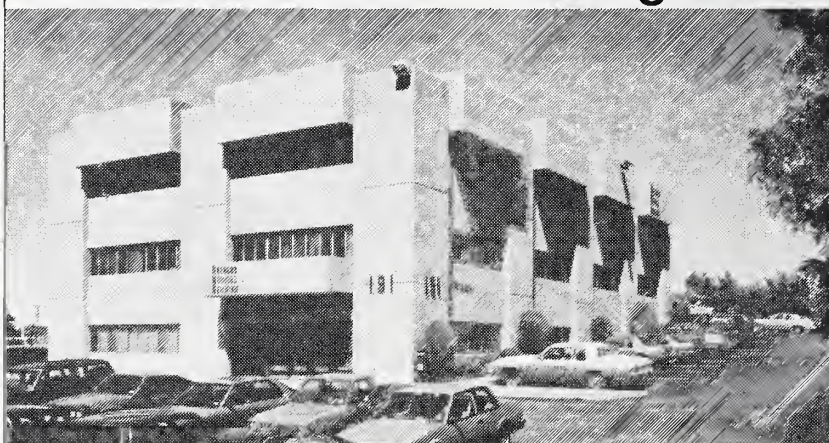
- Unmarried
- 62 or older
- Not entitled to a retirement or disability benefit based on her or his own earnings which equal or exceed half of the worker's full amount
- was married to the worker for at least ten years

Even if the worker is not actually receiving benefits, a divorced spouse can get payments at age 62, providing the worker is eligible for benefits and they have been divorced for at least two years.

Ordinarily, a divorced spouse loses her or his Social Security rights at remarriage. However, full benefits may continue without reduction for the widow or widower who remarries after age 60, or for the disabled widow or widower who remarries after age 50.

Any person with questions or who wants to make an appointment to apply for benefits is urged to call the toll free number: 1-800-234-5772 to get the answers and take appropriate action. In addition, you may obtain more information on this free service by contacting Mr. Dick Martley, (303) 779-0044 or 1-800-421-1834, ext 483.

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Additional Information on the Release of Medical Records

What are "Reasonable" Charges and Time Periods?

In the Practice Management department of the January issue, Colorado Medicine included a chart, entitled "Record Release—General Guidelines". This information is published periodically for the benefit of our members. One of the guidelines, originated by a joint Bar Association/Medical Society committee, concluded that five days is a "reasonable time" in which to comply with a request for medical records. In June of 1989, the Colorado Department of Health determined that such a request would be met in a "reasonable time" if the physician office had complied within ten days, excluding weekends and holidays.

The same Bar Association/Medical Society committee determined that \$5 for the first ten pages and 25¢ per page thereafter was a reasonable charge for the records. The Department of Health guidelines specified the same 25¢ per page charge after ten pages, but held that \$10 was a more reasonable charge for the first ten pages. They also noted that actual postage costs could be charged in addition to the fee for the records themselves.

The physician and office staff should remember that these were entitled "General Guidelines" for a good reason. They are only suggestions as to what is considered "reasonable". "Reasonable" is an inherently ambiguous term which must be applied to individual circumstances and requests. Whether you use the committee's guidelines or the Health

Department's opinions, is up to you. Just remember, any "unreasonable" actions on your part could hurt your

relations with your patients and possibly harm your chances in any litigation or other action.

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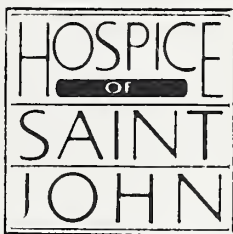
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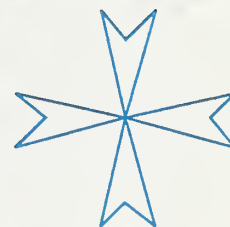
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by Edie Register
Medicare Program Manager
Physician Services Division

CONSULTATIONS VS REFERRALS

This article is to clarify the difference between a referral and a consultation, which are different services, each with its unique definition and code. There is a fine line between the definitions of these two services.

Consultations

A consultation is rendered to give an opinion or advice only. The intent of the attending physician should be to only request an opinion. If upon rendering an opinion, the consulting physician is requested by the attending physician to initiate treatment, the initial encounter would be considered a consultation with follow-up visits as continuing care. There must be a written report. If the attending physician requests the consulting physician to write orders this should be reflected in the medical records. See the following example:

A specialist sees a hospitalized patient in consultation at the request of the attending physician and completes a report for the chart, summarizes findings in a telephone call to the attending physician and writes orders initiating treatment at the request of the attending physician. This qualifies as a consultation, provided that the documentation in the medical record reflects that the attending physician requested the consulting specialist to write orders.

When the consulting physician assumes responsibility for the continuing care of the patient, this then constitutes a referral. Any subsequent service rendered by him will cease to be a consultation or follow-up consultation and should be coded as continuing care.

A follow-up consultation involves the consultant's reevaluation of a patient on whom he has previously rendered his opinion or advice only. These codes can not be used for subsequent visits for treatment resulting from an initial consultation. As in the initial consultations, the consultant provides no patient management or treatment, only an opinion.

Referrals

A referral is the transfer of the total or specific care of a patient from one physician to another and does not constitute a consultation. These services should be submitted as visits. If the referring physician expects any kind of treatment to be rendered at the time of the encounter, this cannot be a consultation. See the following example:

A Family Practice physician requests that an Internal Medicine physician consult with a patient with severe diabetes, and bring the diabetes under control before a particular surgery can be done. In this situation the Internal Medicine physician could not code the encounter as a true consult. This would be considered a referral for care from the attending physician and should be coded as the appropriate level of visit.

Surgical Procedures Require Prior Authorization

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 required Medicare Carriers and the Peer Review Organization (PRO) to coordinate the processing of physician claims for an assistant at cataract surgery and certain elective surgical procedures. Following is a list of CPT codes that must have prior approval.

CATARACT PROCEDURES:

66800	66801	66802
66820	66830	66840
66850	66915	66920
66930	66940	66983
66984	66999	

BUNIONECTOMY:

28290	28292	28293
28294	28296	28297
28298	28299	

CAROTID ENDARTERECTOMY:

35301

CORONARY ARTERY BYPASS GRAFT:

33510	33511	33512
33513	33514	33516
33520	33525	33528

PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY

92982	92984
-------	-------

PERMANENT PACEMAKER:

33200	33201	33206
33207	33208	

BYPASS GRAFT-VEIN:

35518	35521	35533
35556	35558	35566
35571	35621	35650
35654	3565635661	35666
35671		

HYSTERECTOMY:

58150	58180	58200
58210	58240	58260
58285		

LAMINECTOMY:

62292	64999	63020
63021	63030	63031
63035	63040	63042
63075	63076	

MAJOR JOINT REPLACEMENT:

27130	27447	27702
-------	-------	-------

REMINDER:

Physicians must provide the carrier with a 10-digit PRO issued prior approval number for the elective surgical procedures. For assistant at cataract only, a copy of the PRO authorization is required. If the authorization number is missing on the assigned claims or is invalid, the carrier will deny the claim. If the authorization number or the copy is missing or invalid on an unassigned claim, the carrier will initially develop the claim by contacting the physician. If there is no response or the PRO had not issued an authorization number, the carrier will deny the claim. The patient will receive the following message: "Medicare cannot pay for this service because the Peer Review Organization did not approve it." The physician cannot bill the beneficiary unless he/she has issued a notice of noncoverage prior to performing the procedure.

The PRO for Colorado Medicare is the Colorado Foundation for Medical Care

(CFMC). The Medicare preauthorization number in Denver is 695-3335. For out-of-town providers, the number is 1-800-950-8250.

Medicare has published two bulletins containing this information. One was published on August 30, 1989 and the other on October 20, 1989. Phone calls received at CMS indicate that not all physicians have received these bulletins, so CMS has decided to publish these procedure codes.

Temporary Waiver of Floor Requirement


In a general notice published in the Federal Register December 11, 1989, the Health Care Financing Administration (HCFA) announced a temporary waiver of the payment floor requirement for Medicare claims and bills submitted prior to October 1, 1990.

Background

Under the current payment floor, Medicare claims and bills may not be paid until the 15th day after receipt. HCFA feels this claims processing standard has led to consistent and uniform contractor claims processing operations. They also have found that use of such a standard allows for predictable cash flow to entities submitting claims for payment.

Result of Notice

HCFA is issuing a general instruction to intermediaries and carriers to waive the 14-day payment floor requirement for the balance of fiscal year 1990. All claims received from the date of publication of this notice in the Federal Register through September 30, 1990 will be processed and paid as soon as possible without regard to the 14-day payment floor requirement.



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Update on Diabetes and Pregnancy Project

by Connie Fetters, RN, CDE

During the past year about 54,000 babies were born in Colorado. While most were born healthy and without complications, a small number of babies whose mothers have Type I diabetes have not been so fortunate. The Diabetes and Pregnancy Project is aware of several babies affected during the year with congenital anomalies, at least one that will significantly impact a lifespan. There were several pregnancies during the year that have not made it to term with women with Type I diabetes. The cost to the women affected, their families and their babies in dollars and emotional costs are difficult to put a figure on. It is possible that if these women have had their blood sugar in good control prior to conception, some of the problems that occurred might have been avoided. It is well documented that pre-conception blood sugar control is of utmost importance to women with Type I diabetes.

Getting information about diabetes and pregnancy to the patient is a major goal of the Colorado Diabetes and Pregnancy Project and the most practical and effective way to do this is through their physicians. Physicians are in an excellent position to provide counseling that the diabetic patients need to manage their diabetes.

Through the first year of this project, the Colorado diabetes and Pregnancy Project has been working with professional societies and practice groups to encourage their members to participate in reaching this goal. The groups we are working with include Colorado Academy of Family Physicians, Colorado Society for Internal Medicine, Colorado Gynecological and Obstetrical Society, Colorado Society for Endocrinology and Metabolism, Colorado Affiliate/

American Diabetes Association, Rocky Mountain Association of Diabetes Educators.

With the input of a professional advisory board for this project, a packet of information has been prepared that we feel will help the physician in the area of pre-conception counseling with women patients with diabetes. A physician who receives this packet of information also has the option of taking a more active role in the project by becoming a physician to whom we will refer patients who contact us and need care, either for pre-conception counseling or pregnancy needs.

If you have not already received the packet that contains pertinent information on diabetes and pregnancy, we encourage you to contact us to receive it. Call the Diabetes and Pregnancy office at (303) 331-8370 to request it.

The ultimate goal of this project is to improve outcomes of pregnancies in women with diabetes. Your cooperation as physicians is appreciated. If you would like to discuss aspects of the program, contact the Project Director, Connie Fetters at 331-8370. She can also refer you to the physicians on the professional advisory board to answer questions you might have.



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CMS Med Fax

Medicare Part B Update postponed

The annual Medicare Part B update scheduled to occur January 1, 1990 is postponed until April 1, 1990. Sometime towards the end of February or first of March, physicians should expect to receive a profile report updating 1989 customary and prevailing charges, MAACs, and other information pertaining to the 1990 update. A new enrollment period for participation in the Medicare program will also be provided. The effective time for 1990 agreements shall be the nine month period beginning April 1, 1990.

When a detailed summary of the health care provisions contained in the 1989 Budget Reconciliation Act is received at CMS, we will inform you of any new regulations and changes. Please watch for upcoming information concerning this subject in **Colorado Medicine**. Call Ms. Edie Register, Medicare Program Manager, for more details, (303) 779-5455 or 1-800-654-5653 extension 421.

CMS Calendar February

2	Grievance Committee.....	12:00 Noon
	Council on Legislation.....	4:00 pm
8	Committee on Accreditation.....	4:00 pm
9	Medical Executives Group.....	10:00 am
	Finance Committee.....	12:30 pm
	Board of Directors.....	2:00 pm
	Council on Legislation.....	4:00 pm
13	OSC.....	9:00 am
	Program Committee.....	4:00 pm
16	Council on Legislation.....	4:00 pm
19	President's Day--CMS Offices Closed	
22	Council on Professional Education.....	4:00 pm
23	Council on Legislation.....	4:00 pm
24-26	AMA Leadership Conference.....	Phoenix

CMS Med Fax

Continuing Medical Education Opportunities

Note: CMS is providing these for information only. Information is supplied by the sponsoring organizations and no endorsement is expressed or implied.

The Children's Hospital

Little Kids: Big Problems, A Pediatric Infectious Disease Symposium

Denver Marriott Southeast

January 12, 1990

Mary Haley, Program Facilitator, (303) 861-6947

Colorado AIDS Education and Training Center, et. al.

Fifth Annual Rocky Mountain Regional Conference on AIDS

Radisson Hotel, Denver, CO

February 2-3, 1990

Colorado AIDS Project, (303) 893-6300 or 837-0166

University of Oklahoma Health Sciences Center

17th Annual Critical Care Medicine Course

Oklahoma City

March 4-9, 1990

D. Robert McCaffree, MD (405) 271-5904

Denver Disease Control/University of Colorado Health Sciences Center

Sexually Transmitted Disease Clinicians Update

Denison Auditorium-UCHSC

March 9, 10, 1990.

Teri Anderson—(303) 893-7191 or 7051

Denver Disease Control/University of Colorado Health Sciences Center

Sexually Transmitted Disease Intensive Update

Denver, CO

March 12-16, 1990.

Teri Anderson—(303) 893-7191 or 7051

University of Colorado Health Sciences Center

Symposium on Recent Advances in Cancer Therapy

Denison Auditorium, Humphreys Postgraduate Center

March 17, 1990

Office of Continuing Medical Education (303) 270-5195

American Society of Clinical Pathologists/College of American Pathologists

1990 Spring Meeting

Civic Auditorium, San Francisco, CA

March 24-29, 1990

ASCP/CAP, 1-800-621-4142

Denver Disease Control/University of Colorado Health Sciences Center

HIV practicum for Public Health Workers and STD Clinicians

Denver, CO

April 2, May 14, July 9, August 20, November 12, 1990

Teri Anderson—(303) 893-7191 or 7051

American Medical Association, et. al.

Prevention 90, Assuring the Public's Health

Atlanta

April 19-22, 1990

Prevention 90 (202) 789-2928

Long Island Jewish Medical Center/Cornell University Medical Center

A Clinical Day in Ophthalmology: Ocular & Orbital Trauma

Garden City, New York

May 23, 1990

Ann J. Boehme, CMP (718) 470-8650

Denver Disease Control/University of Colorado Health Sciences Center

Sexually Transmitted Disease Clinicians Update

Denison Auditorium-UCHSC

October 12, 13, 1990.

Teri Anderson—(303) 893-7191 or 7051

American Academy of Pain Medicine

Annual Refresher Course in Practical Pain Management

Miami Beach FL

January 17, 1991

(312) 645-0083

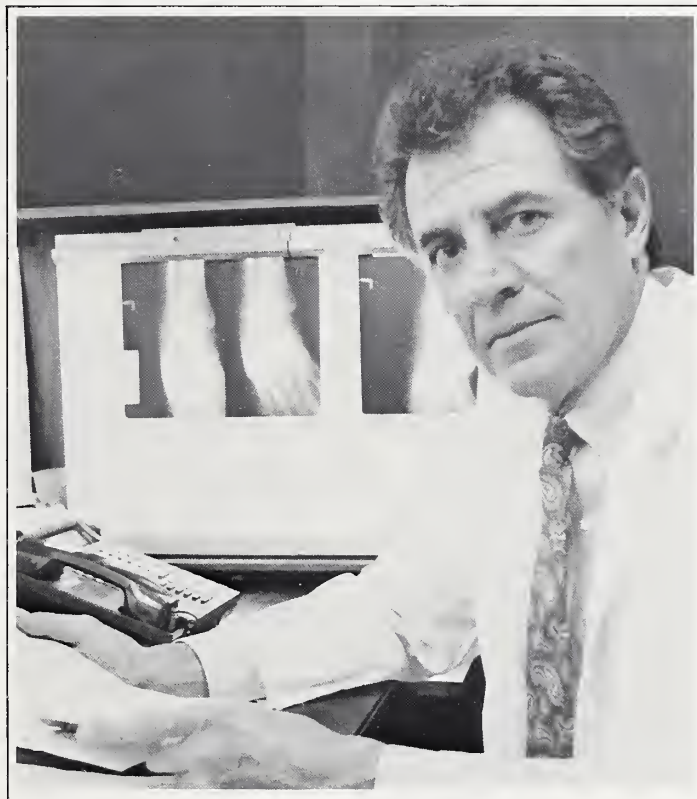
American Academy of Pain Medicine

7th Annual Conference

Miami Beach FL

January 18, 19, 1991

Peter R. Wilson, MD (507) 284-8312



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Former CMS President Dies



Fred A. Humphrey, MD

Long time Colorado physician Fred A. Humphrey, MD has died in Fort Collins at the age of 93. Dr.

Humphrey was President of the Colorado Medical Society from 1949-1950.

In his Presidential Address, Dr. Humphrey summarized his philosophy from a favorite book, *In A Chinese Garden*, "Enjoy yourself—it is later than you think."

Dr. Humphrey also served on numerous councils and committees of the CMS and was given a citation as a National Leader in Rural Health in 1963. He was chief-of-staff at Poudre Valley Memorial Hospital and President of the Larimer County Medical Society. National accomplishments include being Vice-President of the American Academy of Family Practice and a co-founder of the Colorado chapter of AAFP, among others.

Dr. Humphrey is survived by his wife, Violet and his son and medical partner, Dr. Robert Humphrey.

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Colorado Medical Society Auxiliary Legislative Day

February 8, 1990

Make Reservations Now!

Send checks (payable to CMSA) for \$20.50 to
Becky Hammond, 401 Skysail Lane, Ft. Collins, CO 80525

Mini-Confluence

March 12, 1990

9-3 pm

Speaker: Susan Wehrspann

Topic: Volunteerism and Time Management

Other topics to be discussed will include current Legislation

Plan to attend NOW!

Contact your county president for more details.



Of CMS Component Societies

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In Memory

Brooks Horsky, MD of
Denver died April 21, 1989
Le Roy A Wilcox, MD of Fri-
endswood, TX died July,
1989

Woodrow S Hazel, MD of
Denver died August 28, 1989
Vincent Lentini, MD of
Colorado Springs died
September 13, 1989
Kester V Maul, MD of
Denver died September 13,
1989

Harold D Palmer, MD of
Sedona, AZ died September
28, 1989

Edward M Lipan, MD of
Englewood died October 16,
1989

Ralph H Verploeg, MD of
Denver died October 31, 1989
John G Griffin, MD of
Denver died November 19,
1989

Fred A. Humphrey, MD of
Fort Collins died December
13, 1989

MEDICINE



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take it,
talk about it.*

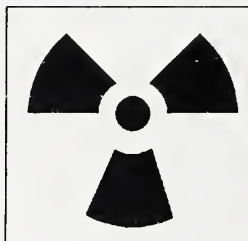
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Physicians for Social Responsibility
1990 National Meeting

March 23-24, 1990
Hyatt Regency—Denver



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1738 Wynkoop,
Suite 302
Denver, CO 80202
(303) 298-8001

MS Interim Meeting April 26 - 29, "Guidelines vs. Outcome"

MS

Colorado Medicine

March, 1990

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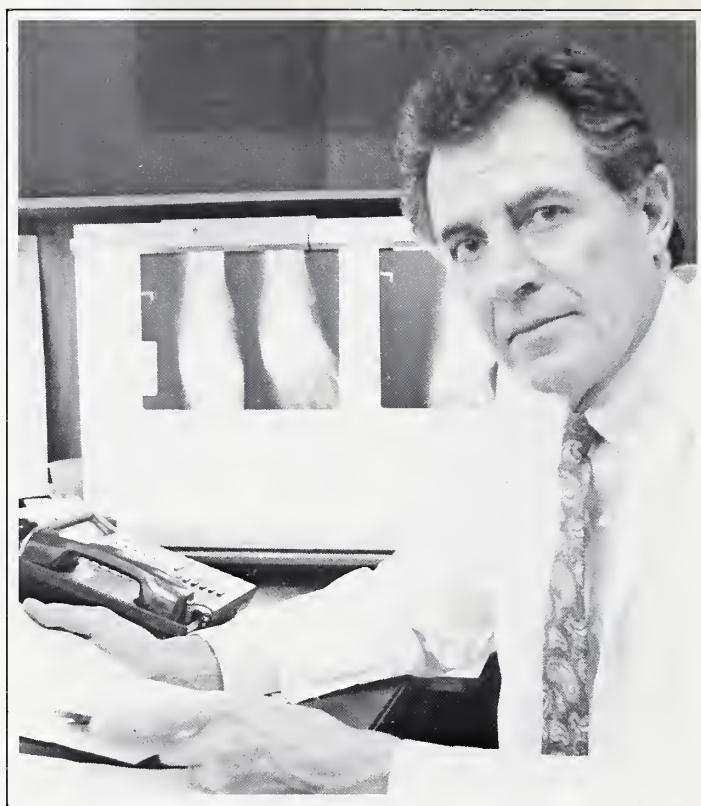
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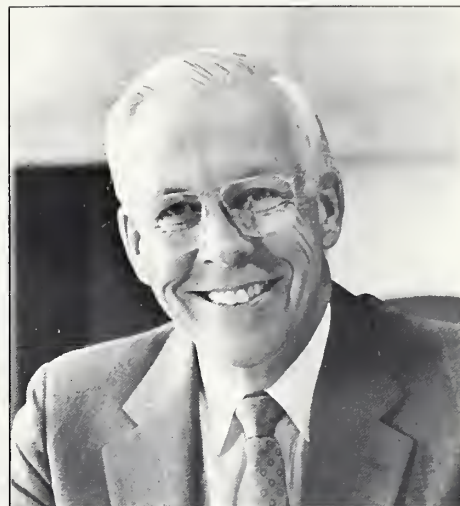
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This Month's Cover—Dr. James Todd, Acting Executive Vice President of the American Medical Association will address the "Conference on Medicine In The 90's" held in conjunction with the 1990 Interim Meeting of the Colorado Medical Society.

Dr. Todd will discuss the question "Will Practice Guidelines Improve Medical Care?"

The meeting will also feature Paul Ellwood, MD, Chairman of Inter-Study, "Will Outcome Studies Affect Your Practice in the 90's?"

As you can see, you owe it to yourself and your practice to look inside this issue of **Colorado Medicine** for more details, and, **Plan To Attend the Conference!**

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William S. Pierson, Managing Editor. Michael Thompson, Ass't. Managing Editor

John F. Farrington, M.D.
President, Colorado Medical Society
1989-1990



(K)night's at the Round Table

Once upon a time there was an enchanted land called Camelot whose king was Arthur, and whose protection was entrusted to its *Knights of The Roundtable*. It was their dedication that made the system work. In organized medicine, we have dedicated physicians "WORKING FOR YOU". These physicians give generously of their time and abilities so medicine can be a better profession. Instead of quests for the Holy Grail or slaying dragons, our (k)night's at the roundtable joust over legislative questions and problems, and the quest to improve Medicare and Medicaid - not "pocketbook" issues, but patient care and societal issues.

King Arthur's *Knights of The Roundtable* were aided in their duties by trusted squires. Our "squires" are a superb PROFESSIONAL STAFF, loyal to CMS and its members, who spend many nights staffing meetings that address the problems which effect you and your patients. We depend on this professional staff for the day-to-day operation of the organization. Each staff member with his/her own area of professional expertise, working as a member of a team for your benefit.

Not infrequently, physicians criticize the Colorado Medical Society for what it has or has not done. This is partly CMS's fault for not communicating to you all of the activities carried out on your behalf. The quote from Pogo, "We have met the enemy

and they are us", may apply.

Just for a moment, let us not look at what CMS is or is not, but who is really working for you and why the organization is identified by the slogan "CMS WORKING FOR YOU".

The councils, committees, sections and task forces are not just names on an organizational chart but are your colleagues. Usually meeting at night, these "(k)night's at the roundtable" address problems common to you and your patients falling into broad areas of quality, access and cost of care.

Some idea of the subjects CMS addressed in 1989, and the commitment of your colleagues, may provide you with a flavor of how CMS is "WORKING FOR YOU".

The Board of Directors, with responsibility for overall operation of the society, contributed 540 hours, the Finance Committee 95 hours and the Executive Committee 90 hours.

The Council on Community Health Issues chaired by George Thomasson and staffed by Ellen Stein and Marilyn Barton contributed 168 hours to CMS. The committees and task forces under this council: AIDS, chaired by Judith Reynolds; Environment, Lawrence Repsher; Maternal and Child Health, Jacinto A. Hernandez; School and Sports Medicine, Donald Cook; Medical Informatics, George O. Thomasson; Health Care for Senior Citizens, Mildred Doster and Robert L. Jardine; collectively, they contributed a total of 505 hours.

The Medical Service Council, chaired by Mark Levine and also staffed by Ellen Stein and Marilyn Barton provided 425 man/woman hours. The committees and task forces under this council: Health Care Priorities, chaired by Robert Hartley, Medically Indigent, Donald Parsons; Emergency Medical Care Physicians Advisory, Stewart Greisman; Pharmacy, Frank Hartwig; and Health Data Commission, John Tarr, met for 570 hours.

The Council on Physician/Patient Advocacy, chaired by John O. Cletcher and staffed by Sandi Maloney, Edie Register and Mary Lee Johnston contributed 128 hours. The committees and task forces under this council: Workmens Compensation Advisory, chaired by J. Tashof Berton; Medicare, Robert D. McCartney; Medicaid, Richard A. Wright; Peer Review Oversight, Robert P. Faraci; Managed Health Care, David C. Martz; Corporate Health, Ronald R. Loeppke; worked for an aggregate time of 554 hours.

Council on Legislation, chaired by Thomas J. Balkany, spent 220 hours reviewing proposed state legislation with another 60 hours of testimony. The Committee on Federal Legislation chaired by Robert D. McCartney, although newly formed in 1989, spent 64 hours reviewing federal legislative proposals.

Continued

The Council on Professional Education chaired by **John F. Mueller**, and its committee on Accreditation chaired by **John F. Yost**, jointly contributed 144 hours.

The Judicial Council, chaired by **James. H. Patterson**, contributed 30 hours, the Organizational Study Committee chaired by **Theodore R. Sadler**, 16 hours; Nominating, **Robert S. Hanna**, 45 hours; Ethics, **Meredith H. Miller**, 81 hours; CMS Education and Research Foundation, **W. Gerald Rainer**, 4 hours; Bond Creditors Committee, 9 hours; Risk Management Committee, **Carlton M. Dean**, 5 hours; Congress of Medical Specialties, **Joshua J. Kopelman**, 60 hours.

The four sections, staffed by Sharon Ponder, Lorraine Scott and Phyllis Madden- Hospital Medical Staff Section chaired by **Gary A. Vander-Ark**, 70 hours; Women In Medicine, **Lynn Parry**, 95 hours; Young Physician Section, **Robert M. Bogin**, 200 hours, and; Medical Student Section, **Eric Olsen**, 20 hours.

Membership, chaired by **John F. Farrington**, and Programs, chaired by **John A. Sharbaro**, staffed by Phyllis Madden 364 hours.

These and many other committee members are "WORKING FOR YOU". If you would like to make an active contribution to improve of your profession, drop me a note and we will find you a seat at the roundtable.

C/M



Colorado Personalized Education Program for Physicians CPEPP



Patrick G. Moran, M.D.
Medical Director
CPEPP

The Colorado Personalized Education Program for Physicians (CPEPP) is a unique program developed as a result of the collaborative efforts of seven statewide organizations (the Consortium) including the Colorado Medical Society, Colorado Foundation for Medical Care, Colorado Hospital Association, Colorado Alliance for Continuing Medical Education, Colorado Physician Health Program, Colorado Society of Osteopathic Medicine and the University of Colorado School of Medicine. The uniqueness of the program is not only due to its main objective of designing a personalized approach for physicians to resolve focused educational deficiencies, but also to it being a community-wide multi-organizational effort which has its own autonomous organizational identity.

CPEPP has targeted two types of physician candidates for its program: 1) physicians who have fallen behind and are at risk for disciplinary action and who are referred by hospital medical staffs and other organizations; 2) physicians who have self-identified a need for upgrading skills and voluntarily seek assistance to upgrade medical knowledge and/or clinical skills. Two categories of skills for which CPEPP will prescribe an educational intervention are: 1) scientific knowledge and technical skills, and 2) inter-personal skills such as communication skills, decision-making and conflict resolution.

CPEPP will operate on a fee for

service basis with two separate fees charged to participants - a "program fee" to cover administration of program components, and a "tuition" to cover the costs of the educational program prescribed. An appropriate learning plan with specific objectives and identification of educational resources will be designed for each participant after a thorough assessment has been completed. Monitoring of the individual's progress will be done at established intervals and CPEPP staff will maintain contact with the participant and mentor or program director administering the learning plan. An evaluation of the participant will be done at the completion of the learning plan and the outcome will be communicated to the participant and referring organization.

CPEPP is currently seeking implementation funding to make the program a reality. Although a number of organizations, including those in the Consortium (COPIC, The Doctors Company) some hospitals and their medical staffs, have provided initial funding, a significant grant for a three-year demonstration project will be required from a number of foundations and other sources. Should adequate funding be forthcoming, actual operations will commence in late summer, 1990.

For further information on this program, please contact: Sue Radcliff or Patrick Moran, M.D., Medical Director, CPEPP, P. O. Box 6796, Denver, CO 80206.

C/M

Legislative Activity: CMS Working For You!

Donald Parsons, MD
Chairman, Council on Legislation
with Sue Ellen Quam
Director, Government Relations Department
and Lorraine Koehn, Lobbyist/Administrative Assistant



The first of the legislative deadlines have now passed. January 31 was the deadline for introduction of bills except the Long (Appropriations) Bill. On February 19 all bills which originated in the Senate must have received final passage in that house. February 23 is the date which all bills originating in the House of Representatives must have received final passage. Bills which are assigned to appropriations committees are exempt from these deadlines.

The CMS has closely followed 52 bills which affect your patients or the manner which you deliver medical care. The Council on Legislation has been meeting on a weekly basis and has voted to support 22 bills; oppose 8 bills, and monitor 17 bills. There were three major bills which were killed prior to the time the council took a position of "Support", "Oppose", or "Monitor".

Major bills of interest which are supported by CMS:

SB 25, Creation of an Ambulatory Health Care Program for Low-Income Children (Hopper): This bill has passed the Senate House, Education, Welfare & Institutions (HEWI) committee and has been assigned to the Appropriations Committee. It provides ambulatory insurance coverage through a managed health care system for low income children without health care insurance who are less than 9 years of age, who have gross family incomes that are equal to or less than 150% of federal poverty level.

SB 63, Creation of the Colorado Uninsurable Health Insurance Plan

The Council on Legislation has been meeting on a weekly basis and has voted to support 22 bills; oppose 8 bills, and monitor 17 bills.

(Traylor): This is the fifth year that a bill addressing this subject has been introduced. It creates the Colorado uninsurable health insurance plan to provide health insurance coverage for eligible persons who are Colorado residents. The plan will be funded by premiums paid by the "uninsurables" and a monthly employee tax of not more than .25 per month. The bill has passed the Business Affairs & Labor Committee and is assigned to Appropriations.

SB 89, Establishment of Comprehensive Education Programs for Preschool, Kindergarten, and Grades 1-12 to Address Health Concerns & High-Risk Behaviors (Wham): Establishes a comprehensive health education program for pre-school - Grade 12. The measure has passed the Education Committee and is assigned to Appropriations.

SB 157, Authority of the State Dept. of Health to control HIV Infection (Wham): This bill has passed the HEWI committee and second reading in the Senate. It will continue the confidential reporting of HIV infected persons. Opponents of this measure argue that more persons would be tested if there are anonymous testing sites. CMS and other proponents of the bill maintain that name identifica-

tion is necessary in order to notify sexual partners of individuals who test positive. Without name reporting, the health department would not be able to locate an estimated 350 persons per year who do not return for test results.

HB 1020, Uncompensated Health Care (Pankey): The original version of this bill tied charity care to professional licensure. Representative Pankey amended the bill and the latest version will provide for a tax incentive for each 40 hours of uncompensated care provided by health care professionals. We expect that the large fiscal note attached to the bill will hinder passage.

HB 1021, Concerning the Medically Indigent Health Care Program (Pankey): Allows primary care delivery providers to provide services to the medically indigent in areas of the state where no general providers exist or where an unmet need exists; adds licensed birth centers to the definition of "general provider"; changes the priority in benefits covered from exclusively emergency care to include required primary care as the first priority. This bill originated in the legislative Joint Review Committee on the Medically Indigent.

HB 1034, Provision of Health Services to the Medically Indigent (Taylor-Little): Establishes a health services commission which is directed to develop a list of health services by priority which will be funded. Requires the dept. of social services to contract for managed care health services which are funded from the list of services. Provides for reducing in order of priority covered health benefits for the entire population

covered under the act if revenues decline. Continues the medically indigent and current Medicaid programs until necessary federal waivers are obtained. The bill has passed the House HEWI and Finance committees and has been forwarded to the appropriations committee.

HB 1137, Provision of Special Educational Services to Three- and Four-Year-Old Handicapped Children (Philips): Mandates the provision of special educational services to three- and four-year old handicapped children. Provides state and local support for special educational services provide for these children.

HB 1138, Limitations on Civil Liability in Exchange for Providing Uncompensated Medical Care (Duke): Provides that a licensed physician, hospital, or other health care provider who provides uncompensated medical care to patients shall not be liable for acts or omissions except for acts or omissions that are grossly negligent or willful or wanton. The CMS originally opposed this measure, but the bill was amended by the sponsor. The amended version specifies that the patient who receives free care may voluntarily waive the right to sue.

Representative "Marge" Masson and Senator Bob Schaffer are carrying a CMS sponsored Workers' Compensation bill which will (1) create a panel of Independent Medical Evaluators under the auspices of the Division of Labor, and (2) grant physicians immunity from suit for determination of impairment ratings in good faith.

Bills opposed by CMS:

SB 68, Limitations on Tort Actions Under the "Colorado Auto Reparations Act" (Norton): Increases the types of injuries caused by auto accidents for which recovery is allowed. Repeals provisions which allow recovery for injuries resulting in permanent disability or in a loss of earnings and earning capacity beyond a 52-week period. Repeals provisions

which allow recovery for injuries in excess of \$2,500. CMS opposes this bill which has passed the Senate Business Affairs committee.

HB 1099, Required Coverages Under the "Colorado Auto Reparations Act" (Masson): Decreases the minimum individual and aggregate liability coverage for bodily injury or death resulting from an auto accident to \$15,000 and \$30,000 respectively. Representative Masson is convinced that the lower limits will increase the number of persons who will purchase liability insurance coverage. CMS opposes this bill because of concern that the lower insurance coverage may leave auto accident victims without funds to pay their medical bills. HB 1099 may harm the very areas it is intended to help due to the impact it could have on the financial stability of rural hospitals.

HB 1170, Non-General Funded Drug Abuse Programs.... Providing for Substance Abuse Programs Which are Cash-Funded or Privately Funded (Pankey): This is a lengthy, all-encompassing bill which addresses many areas concerning drug abuse. If passed, the bill will require that all regulated health care professionals submit to drug screening tests when applying for licensure. The bill passed the State Affairs committee with numerous amendments and has been referred to the Appropriations committee.

HB 1195, Right to Receive Payment of Direct Benefits Under the "Colorado Auto Accident Reparations Act", and imposing Limitations Thereon Through a Reasonable Value Schedule (Owen): CMS lobbied unsuccessfully against this proposal which passed the House State Affairs Committee on a vote of 7-4. It contains language which will allow the insurance commissioner to establish a value schedule for payment of medical services incurred in an auto accident.

The high cost of Workers' Compensation insurance is responsible for numerous bills dealing with this

LEGAL UPDATE:

TREATING PHYSICIANS FORCED TO PAY WORK COMP BENEFITS

By SUSAN T. SMITH

An amendment to Colorado's Worker's Compensation law is being used to force treating physicians to pay patients workers compensation benefits.

This new law allows those making a workers compensation payment to seek a review through the state Division of Labor. If a review committee rules that treatment for an employment injury was not necessary or appropriate, according to professional standards, the treating physician has to pay the insurance company the cost of all services. The state also may require that another provider be substituted for the treating physician.

Physicians have a right to participate in the review process. If you receive a notice of review from the Division of Labor, read the notice carefully and participate. If you fail to participate, you may have waived your right to appeal and be liable for payment.

Attorney Susan T. Smith heads the health care administration department at Pryor, Carney and Johnson, P.C., a 40-attorney Denver law firm that offers a full range of services to health care providers including medical malpractice defense, contract negotiations, Medicare/Medicaid, peer review, medical staff issues and personal legal services.

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subject. CMS will be monitoring these bills extremely closely as they make their way through the system.

It is estimated that the state will have approximately 109 million dollars to finance new programs. Any bills which contain fiscal notes will be closely evaluated as to their necessity by the Appropriations Committees and you may expect some very good proposals to be killed because of the lack of financial resources.

The bills listed above are only a sampling of those being followed by CMS. For a more detailed report, you may contact the Department of Government Relations and request a copy of the Legislative Digest which contains a summary of all the bills which are being considered by the Council on Legislation - just call 779-5455 or 1-800-654-5653, Ext 427 and a copy of the digest will be forwarded to you.

A successful political effectiveness program is dependent on many people, testifiers, legislators, and those who take the time to discuss the issues with their own legislators. The listing of persons who should be thanked this month is lengthy - Drs. John Farrington, Bob Hartley, Don Parsons, Bob Sawyer and John Sbarbaro spent many hours at the capitol testifying on your behalf; Senators "Dottie" Wham, Claire Traylor, and Representatives Carol Taylor-Little and "Marge" Masson are prime sponsors of measures significant to our society. Representative Charles Duke attempted to remove the language allowing for a value schedule in HB 1195 and Representative Phil Pankey worked with CMS lobbyists to amend HB 1020, concerning uncompensated care. Senators Wayne Allard and Bonnie Allison were extremely helpful when they spoke at the microphone in support of confidential reporting of HIV-infected persons. Lastly, the Colorado Medical Society Auxiliaries (CMSA) hosted approximately 42 legislators at a luncheon on February 8th. Special thanks to all of you who have been of such help to the Council on Legislation and lobbyists!

ALERT!

Your help is needed in convincing legislators of the problems you envision if the section in HB 1195 which allows the insurance commissioner to develop a value schedule for payment of medical costs incurred by motor vehicle accident victims passes.

HB 1195 was heard in the House State Affairs Committee on February 13th. The bill passed out of committee despite testimony and lobbying by the CMS and the Colorado Hospital Association.

Representative Charles Duke, Colorado Springs, led an effort to amend out the provisions of the bill which CMS and CHA opposed. The amendment lost on a vote of 4-7. Representative Duke then offered a

motion to postpone the bill indefinitely. That motion failed on the same 4-7 vote. The legislators supporting the Duke motions were: Representatives Wayne Knox, Denver; Juan Trujillo, Pueblo, and Sam Williams, Breckenridge. The legislators who voted to keep the bill alive were: Representatives John Irwin, Loveland; Dick Mutzebaugh, Conifer; David Owen, Greeley; Tom Ratteree, Colorado Springs; Dorothy Rupert, Boulder, John Ulvang, Ft. Collins, and Dan Williams, Edwards.

If the value schedule will present problems in your practice, please contact the CMS Dept. of Government Relations concerning the status of this bill (779-5455 or 1-800-654-5653).



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Avoid Loss of Social Security Benefits

by Mary Lou Amoroso,
Social Security Administration

There are some "Key" times when people should contact their Social Security office to avoid losing benefits, according to Denver District Manager Vincent A. Hayes.

For example, a person can lose benefits simply by not filing an application with Social Security. Most applications cannot be retroactive.

A widow or widower over the age of 60, for instance, can apply on a deceased spouse's record. If that person waits until the normal eligibility age of 62, benefits which could have been received between 60 and 62 are lost.

Here are some key times which every family member should know about. If you are in any of these categories, contact Social Security immediately.

ANY AGE When disability occurs and looks as if the person cannot return to work for at least a year.

ANY AGE When a worker dies, benefits may be payable to a qualifying spouse, children and/or dependent parents.

AGE 50-60 When a widow or widower, even if divorced, is severely disabled. Contact Social Security for qualifications.

AGE 60 Widows and widowers, even if divorced may receive benefits as early as age 60.

AGE 62 Even if working, many persons are due benefits for all or part of the year. Beginning in 1990, restrictions on earned income will be loosened. One dollar of benefits will be withheld for every three dollars over

the "exempt" amount earned in 1990, rather than for every two dollars as in 1989. The "exempt" amount changes each year. This means that more people will be due some benefits even though they worked part of the year.

AGE 65 Make sure Medicare records are set up. When a person works full time, the group employer's health plan may be the first "payer" and Medicare the second. When a person stops work, Medicare becomes the first "payer".

Keep informed, says Mr. Hayes. Don't lose any benefits because you failed to file a claim at the proper time.



Highlights of the Board of Directors Meeting February 9, 1990

Physician Group Services

New information negated an earlier recommendation for endorsement of the Physician Group Services Program. The Board voted not to endorse. A committee, chaired by **Dr. Boyd Bigelow**, will search for a new Executive Director.

Search Committee

20 Years of Service

Ms. **Diane LeHew** was presented with a Certificate of Appreciation in recognition of her 20 years with CMS.

New DMS Exec

Kathy Lindquist-Kleissler, new Executive Director of Denver Medical Society, was introduced to the board.

Retirement & a new face

Dr. Bill Doig announced the retirement of **Cleo Lucas**, after 33 years with the Clear Creek Valley Medical Society. He also introduced the new Executive Secretary, **Rene Hawthorne-Shriver**.

Medicaid

Questions and Answers about the Medicaid Program:

*Prepared By: Ms. Edie Register
Physician Services Division*

Q. *Must a physician accept all Medicaid patients requesting services?*

A. No, a physician is free to choose which Medicaid patients and the number of Medicaid patients to whom he/she wishes to render care.

Q. *What billing codes does the Medicaid Program use?*

A. The Health Care Financing Administration (HCFA) requires all Medicaid Programs to use the Health Care Financing Administration Common Procedural Coding System (HCPCS). HCPCS consists of three levels or types of codes.

Level I Codes contained in the Physicians' Current Procedural Terminology (CPT-4).
Level II Alpha-numeric codes developed by HCFA.
Level III Alpha-numeric codes developed by the Medicare and Medicaid programs. These codes are referred to as local

codes and are used to represent services not described in either level I or II codes.

Q. *Must a physician purchase the Colorado 1500 claim form?*

A. The physician can obtain claim forms by contacting the fiscal agent (Blue Cross and Blue Shield of Colorado).

PHONE: Practitioner Services
831-0503 or 1-800-443-5747

ADDRESS: MEDICAID PROVIDER ENROLLMENT
P.O. BOX 173360
DENVER, COLO. 80217

Q. *What are the current timely filing limitations?*

A. All Medicaid claims must be received by the fiscal agent within 180 days of the date of service. For "Total Obstetrical Care" (includes prenatal care), the delivery date will be used to compute the 180 day filing limit.

BABY YOUR BABY

The Capacity Committee of the Baby Your Baby project continues to meet to discuss issues related to the ability of the provider community to meet a potential increase in demand for prenatal care services.

There was some discussion about requests to delay implementation of the project until a sufficient network of willing providers could be developed to meet the need expected to be created by the Baby Your Baby campaign. Additional concerns expressed included:

- the effect of existing malpractice, regulatory, and reimbursement conditions on the willingness of providers to provide prenatal care,
- County Health Departments and community clinics are already operating at capacity,
- concern that the media campaign could undermine the work which has been done in discouraging teen pregnancies,
- Federal changes expanding Medicaid eligibility will add 4,000 women and 45,000 children to the Colorado Medicaid roles.

Other comments included:

- The crisis in prenatal care already exists. This program will help make the problem visible and thereby stimulate problem solving.
- recognition that solutions will have to be regional and not statewide.

The capacity committee made the following recommendations to the project's advisory committee:

- Form a legislative committee to review issues such as tort reform, legalization of nurse midwives, and reimbursement of mid-level practitioners.
- Emphasize planning for pregnancy in public service announcements.



A monthly report of current and on-going activities of the Councils, Committees and Sections of the Colorado Medical Society. None of the information herein is meant to indicate a policy or position statement of the Colorado Medical Society. This report is designed only to inform CMS members of their organization's activities and study projects at the Council, Committee or Section level.

March, 1990

YOUNG PHYSICIAN SECTION

The YPS is currently involved in several projects.

The *Natural Science Ambassadors* program has been well received by participants. Several young physicians have been asked to speak to elementary school children on the subject of healthy body systems and structures.

A letter will be sent to Colorado elementary schools describing the Natural Science Ambassadors program and inviting the schools to work with CMS to encourage children to become interested in the natural sciences through this program.

The YPS *Speakers Bureau* has met in two workshops with the CMS Department of Communications to develop effective public speaking skills and a speaker resource for clubs, business groups and service organizations on the subject of a smoke free society.

The YPS is involved in a *Business Start Up* project, chaired by John Doran, MD of Grand Junction. The project participants have developed goals for the project, which include being a business practice resource to young physicians, identifying problems which occur between residency and practice and reducing financial problems (caused by practice setting changes) through education. The committee is developing a kit to be provided to young physicians and residents to aid them in effective planning for active practice.

Leslie Capin, MD continues to coordinate the *Mini-Internship Program* for the YPS. Program

schedules for the balance of the year will be announced soon.

Robert Bogin, MD reports that the *Medical-Legal Clinic for the Homeless* is a success, but there is always a need for additional help. Physicians interested in participating in this or any of the YPS projects are urged to contact Dieter W. Schneider, MD, Section Chairman, or the CMS office.

MEMBERSHIP COMMITTEE

During February, the mailing of Colorado Medical Society membership certificates began. All physicians who are in good standing will receive one, but the mailing process is expected to continue through April. The Committee is also developing recruitment strategies such as designing a membership brochure and on going meetings with medical students and residents.

MEDICARE ADVISORY COMMITTEE

The Medicare Advisory Committee met on Tuesday, February 13, 1990 with representatives from Blue Cross/Blue Shield of Colorado to discuss the current problems with claims processing. During the course of the discussion, the Carrier representatives gave recommendations as to what information is useful to the claims process. CMS staff will continue to monitor the situation closely. Additional information will be published as it becomes available.

COALITION ON SENIOR ISSUES

The Coalition is meeting on February 20, 1990 at the Malley Senior Recreation Center in Englewood to give a slide presentation entitled "Communication - It's Good for your Health". Dr. Robert McCartney and Mr. Dale Querfield will be the moderators for the presentation and discussion period.

WORKMEN'S COMPENSATION ADVISORY COMMITTEE

Members of this committee and CMS staff continue to monitor the many legislative activities concerning Workmen's Compensation issues. This Session seems particularly active and many hours are being spent in hearings and testimony sessions by Committee Members and CMS staff. Watch for more information in future reports.

HOSPITAL MEDICAL STAFF SECTION

The HMSS will be working to solicit the support and participation of various hospital medical staffs in the Quality Indicators Project recently approved by the CMS Board of Directors. This will be a joint project with the Colorado Hospital Association and is based on a similar project in Maryland. It attempts to define objective indicators of dimensions of quality. The cost of the project will be borne by the hospitals and CMS visualizes participation on a steering committee to analyze the data and

(continues on following page...)

Committee Update continued...

assist the provider community in utilizing the data.

The HMSS is planning to reconvene a subcommittee to address a potential program to provide peer review and credentialing for rural physicians. Inquiries will be made at the National Leadership Conference HMSS meeting as to whether other states have similar programs.

The HMSS is monitoring the National Physician Data Bank. Further information about Data Bank is available in another article in this issue.

STEERING COMMITTEE ON SETTING HEALTH CARE PRI- ORITIES

The Committee is working with the Division of Government Affairs on HB 1034: Provision of Health Services to the Medically Indigent.

The committee continues to work on developing the Premises which will be the foundation for the development of a state wide policy/plan and a Methodology for the development of a basic health care package.

EMERGENCY MEDICAL CARE PHYSICIANS ADVISORY COM- MITTEE

This committee continues to work with the Council on Medical Service to draft a resolution to address the EMS system in Colorado. The resolution suggests working with the legislature, the Colorado Department of Health EMS Division and the BME to develop a physician directed, statewide system approach for the delivery of EMS, with a clearly defined channel of responsibility between the CDH and the BME.

At the last meeting Richard Hoffman, M.D., Colorado Department of Health, reported on the department's new regulations "Policy and Procedures for

Assessing and Managing Potential Exposure of Public Safety Workers to Communicable Diseases" which will be put into statute in this year's HIV infection bill. These guidelines were developed primarily for police and fire department personnel to clarify the CDH's role in mediation of cases of suspected AIDS exposure. Copies of these guidelines were mailed to all Colorado hospital EMS departments.

AIDS TASK FORCE

The Task Force on AIDS has been reviewing the legislation proposed for the reporting of AIDS, and recommended to the Council on Legislation that the legislation, as proposed be supported. This legislation will allow the state health department to continue the confidential testing procedures.

A sub-committee has been appointed to address the need for inclusion of past transfusion history when taking a patients medical history and the

possible recommendation of HIV testing.

COMMITTEE ON MATERNAL AND CHILD HEALTH

Concern was expressed at a recent meeting about a statement from the BME about the inability of physicians to delegate to a nurse the task of selecting medication from an approved protocol. The committee will hold a special meeting to discuss this issue and prepare a statement for submission to the BME.

SCHOOL HEALTH AND SPORTS MEDICINE COMMITTEE

The committee continues to work on head injury guidelines. These guidelines will be published in Colorado Medicine in August, prior to the start of fall school sports activities. This information will also be distributed to coaches, trainers, and other interested parties.

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Final Regulations are Published Governing the National Practitioner Data Bank

From the CMS Hospital Medical Staff Section:

(The following information is reprinted (with permission) in part from the November 1989 Sabey, Epstein, Ordelheide and Smith, P.C. newsletter)

On October 17, 1989, final regulations were published governing the reporting and release of information provided and maintained through the establishment of the National Practitioner Data Bank (NPDB) under the Health Care Quality Improvement Act of 1986 (HCQIA). The regulations provide certain definitions regarding the applicability of the HCQIA and set forth the mechanisms and requirements for the reporting of and requests for information maintained by the NPDB. Also provided are procedures for the imposition of sanctions and the assessment of penalties for noncompliance with or violation of the HCQIA and the Regulations. One part not yet available, however, is the section on information collection requirements.

Generally, there are three types of individuals, agencies, and entities that are responsible for reporting information under the Regulations. Persons and entities, including insurance companies, which make any payment for the benefit of a physician, dentist or other licensed or authorized health care practitioner in settlement or satisfaction of a claim or judgement for medical malpractice must report certain information. Actions taken by a licensing or authorizing agency which relate to a physician or dentist's professional competence of conduct and which: 1) revokes, suspends, or otherwise limits a physician or dentist's license; 2) censures, reprimands, or places a physician or dentist on probation; or 3) results in the surrender of a physician or dentist's license must be reported by the State's Board of Medical Examiners to the NPDB.

Health care entities, including hospitals, licensed HMOs, and certain other prepaid medical or dental practices, certain professional socie-

ties and their agents, and other health care entities which engage in formal peer review processes, must report certain actions to the State's Board of Medical Examiners. Professional review actions, as defined by the Regulations, that adversely affect the clinical privileges of a physician or dentist for longer than thirty days and the health care entity's acceptance of the surrender of restrictions on the clinical privileges of a physician or dentist who is under investigation by the health care entity or in return for not conducting an investigation must be reported by the BME. Further, a professional society must report professional review actions it takes with respect to a physician or dentist.

The Regulations also provide for investigation, hearing and the imposition of sanctions in the event that the Secretary of the Department of Health and Human Services has reason to believe and ultimately determines that a health care entity has substantially failed to report information in accordance with the Regulations. It appears that the sanctions to be imposed will be in the form of the loss of the immunity protections provided under the HCQIA for a certain period.

In addition, the Regulations provide processes and guidelines for the disclosure of information maintained by the NPDB. Hospitals must request information concerning a physician, dentist, or other health care practitioner upon application for medical staff appointment or clinical privileges and every two years with respect to medical staff appointees and individuals holding clinical privileges at the hospital. Physicians, dentists, and other health care practitioners may request information concerning themselves. The Board of Medical Examiners and health care entities

entering into employment or affiliation relationships with a physician, dentist or other health care practitioners may request information from the NPDB. Health care entities may also request information with respect to professional review activities.

The Regulations become effective on the date the NPDB is operational, which may be within the next few months. Hospitals and other effected agencies should ensure that appropriate process are established, confidentiality of information is protected, and that such processes are in compliance with the HCQIA and the Regulations.

Additional points of interest as reported from the Federation of State Medical Boards in their December newsletter:

- Counseling and educational actions by Boards of Medical Examiners need not be reported (some clarification is needed)
- Reports will be held thirty days before entering the NPDB system to allow possible correction or dispute.
- A practitioner may dispute only the accuracy of information reported by the NPDB, not the actual conclusion reached by the reporting agency.
- Data will not be purged from the system. Erroneous data will be identified as such, however, and will not be reported out.
- The sealing of court records in liability cases does not overcome the requirement to report to the NPDB.
- PROs will not report to the NPDB. The Colorado Medical Society and legal counsel are reviewing the regulations and will continue to provide information to CMS members as it becomes available.

Workmen's Compensation Rule Changes for Pharmacy Services

The Division of Labor has adopted several Rule changes for Pharmacy Services, effective February 1, 1990. Physicians who deal with Workmen's Compensation cases should be aware of these changes, particularly if medications are dispensed from the office.

Ground Rules

1. This rule does not apply when the insurer reimburses the injured employee for authorized pharmacy services. In this instance, the insurer shall reimburse the injured employee for actual costs incurred. If the charges for the authorized pharmacy services exceed the maximum fee allowed by this rule, the insurer may seek a refund from the dispensing provider for the difference between the amount charged to the injured employee and the maximum fee. Each request for a refund shall indicate the prescription number and the date of service involved.
2. All providers who dispense medications in accordance with their practice acts shall be reimbursed similarly, regardless of profession or the type of facility where the medication is dispensed.
3. Bioequivalent generic drugs are the benefit unless the physician indicates, "Dispense as Written."
4. The average wholesale prices (AWP) for brand-name and generic pharmaceuticals shall be determined through the monthly Medispan publications and Prescription Buying

Guide and Generic Buying and Reimbursement Guide. The Medical Fee Schedule Coordinator, located at 1313 Sherman St., Room 219, Denver, Colorado shall provide information to anyone wanting information regarding the Medispan Guides. AWP shall be based upon the date the prescription was dispensed.

5. Nothing in this section on pharmacy services is to preclude the employer/insurer from entering into payment agreements with pharmacy providers in their community to promote the continuity of care and the reduction of pharmacy costs. Such an agreement would supersede part (B)(1) below.

Guidelines for Reimbursement

1. Payment for prescription drugs shall not exceed the amount established by the following formula or by the provider's billed charge, whichever is less. The formula applies to both brand name and generic drugs.

$$AWP + \$6.00$$

2. The provider shall dispense no more than a 30 day supply or 100 unit doses of the medication, whichever is less.

3. A line by line itemization of each drug billed and the payment for that drug shall be made on the payment voucher by the insurer.

Standardized Billing Forms

1. The pharmacist or physician shall use the HCFA 1500 form or the WC-M-4 form or an equivalent form containing the same information. When using the HCFA 1500 form, the dispensing provider shall bill by using the procedure code 99070 and shall include the metric quantity and National Drug Code (NDC) number of the drug being dispensed. When using the WC-M-4 form, the provider shall complete each item on the form. The insurer may return either form if the information is incomplete.
2. Items which are prescribed for the work-related injury and to not have an NDC code shall be billed as a supply. Use procedure code 99070 when billing for supplies.
3. A signature shall be kept on file which indicates that the patient or his/her authorized representative has received the prescription.

This pharmacy section (part twelve) is effective at 12:01 A.M., February 1, 1990.



Mile High News

1989-1990 Vol. 3, Issue 4

Colorado Medical Society Auxiliary

March, 1990

Sue Kading, Editor



Catherine Yoder

While attending the AMA Auxiliary Confluence in Chicago recently I became aware of the fact that 20% of people with AIDS are in their 20s, many of whom were exposed to the virus in their teens; that the proportion of teen births occurring outside of marriage has quadrupled since 1960, from 15% to 61% and that 50% of the 8th grade students have tried cigarettes, 77% have tried alcohol, 17%

have tried marijuana and 5% have tried cocaine.

We also saw statistics that stated that half of all females and two-thirds of all males have had sexual intercourse by the age 18; that 50% of all rape victims are younger than 18; that the suicide rate for adolescents between the ages of 15 and 24 has tripled over the past 30 years; and 18% of girls and 11% of boys have tried to commit suicide while 62% of deaths in 15 to 24 year olds are caused by motor vehicle and other accidents and that alcohol-related fatalities account for over 50% of all motor vehicle deaths among 15 to 24 year olds.

These and similar statistics inspired me to attend the seminar on Adolescent Health. In this excellent workshop I was reminded of the *Healthier Youth by the Year 2000 Project* I had heard of several years ago. The AMA's *Healthier Youth by the Year 2000 Project* promotes the development of effective programs and policies to counter the threats to the general health and well-being of adolescent youth.

The AMA National Coalition on Adolescent Health was created in 1987 to provide a multidisciplinary, coordinated effort on behalf of America's youth. The AMA Auxiliary is one of the 33 national organizations of the coalition concerned with health and adolescents.

From this coalition The National Adolescent Health Promotion Network (NAHPNet) was formed to increase the awareness and demand for quality health promotion and disease prevention programs. This network of organizations, professionals and individuals concerned with the health of youth share their expertise on effective programs and receive information on current adolescent health issues through the project newsletter.

We were reminded that adolescents today have a longer life expectancy than earlier generations and that a majority of youth experience a relatively healthy adolescence. How-

ever, we must be concerned about their health threats that are now rooted in social causes and behavior, not diseases that are amenable to medical cures. Focused prevention efforts are necessary if we are to alleviate the risk-taking behaviors of smoking, alcohol, drugs and irresponsible sexual involvement. To counteract these behavioral problems adolescents must develop attitudes and behaviors essential for their social, psychological and physical health. Daily exercise, a proper diet and appropriate decision-making skills are necessary if today's youth are going to cope effectively with stress and peer pressure.

Many of the AMA Auxiliary programs concerning teens were developed since the "White Paper on Adolescent Health" was published by the AMA in 1986. In Colorado we work with the **Seat Belt Network on the Buckle-Up, Drive Smart Campaign** inviting high school students to design their own programs to encourage safe driving habits. Individual county auxiliaries have other safety, drug prevention/abuse and teen parenting programs. Auxiliaries also assist Medical Societies in their area with educational programs on AIDS, Nutrition, Alcohol, Smoking, Drunk Driving and Drugs. You are encouraged to continue community programs but also to check the Project Bank where more than 70 projects of the AMA Auxiliary outline adolescent health programs.

I also encourage you to continue to promote the **Comprehensive School Health Education concept (Colorado SB 89)**. Statistics indicate that youth fortified with an appropriate age level health education develop the competencies needed to make appropriate behavioral choices for a healthy life style.

And do watch for the Year 2000 Health Objectives "aimed specifically at improving the health status of special populations at high risk for disease, problematic health practices, and premature death." These objectives will be released in July 1990 and will make specific recommendations to reduce high risk behaviors and prevent health problems.

If you are interested in joining NAHPNet please contact Betsy Davis, Department of Adolescent Health at the American Medical Association. Membership is free and you will receive up-to-date information on adolescent health with the hope that you will help create an awareness in your community of the Year 2000 Health Objectives.

Catherine Yoder



AMAA President-Elect Norma Skoglund and President Jean Hill with Executive Secretary Hazel Lewis at February Confluence in Chicago.



Catherine Yoder and Doris Ballinger of the CMSA join Dr. Lonnie Bristow, President of the AMA-ERF, and an AMA board member, as he is welcomed by Dr. John Farrington, President of the CMS, to the University of Colorado School of Medicine.



Metro Regional Meeting



February AMAA Confluence Attendees: Teresa Orton, Arapahoe County, CMSA President-Elect Doris Ballinger, CMSA President Catherine Yoder, AMAA Western Region Vice President Mary Hanson, and Jane Chisolm, Denver. (Not pictured: Sharon Cunningham, Legislation.)

COLORADO MEDICAL SOCIETY AUXILIARY CELEBRATES LIFE



Chairman, Sondra Talley with First Lady Bea Romer and CMSA President Catherine Yoder

The Denver Museum of Natural History became the backdrop for the CMSA and friends November 10 when they gathered to celebrate the opening of the \$3.8 million Hall of Life exhibits, phase I. Exhibit tours started the evening at 6:30, taking the mostly black-tied throng of 380 physicians, their wives, and friends winding through the 10,000 square-foot space to learn about Genetics, the Beginning of Life, and the Five Senses.

Next September exhibits will open on Nutrition, Living with Substances, Fitness, and the Challenge of Stress. Mary Jane Newens and Sonnie Talley co-chaired the successful event that attracted high profile public figures such as Colorado's First Lady Bea Romer, Colorado Department of Health Director Dr. Tom Vernon, Denver DA Norm Early, and news anchor Reynelda Muse.

Auxiliary President Catherine Yoder and her husband Dr. Franklin Yoder drove down from Greeley and were greeted by Hall of Life Director Jim Goddard and its founder Dr. Leo Nolan. Panache catered the spectacular dinner while Reece's Pieces played a medley of musical scores on piano and bass.

"I'd rather build a child than repair an adult," DA Norm Early told patrons as he complemented the Hall of Life on the classes being taught to 85,000 Colorado school children this year.

Dr. Vernon added that "for every week in this century we have gained two days in life expectancy. The Hall of Life symbolizes what we've done to improve life."

The successful fundraiser netted over \$31,000 for the Hall of Life Health Education Center for scholarships and additional equipment for outreach classes.

Respectfully submitted by Sonnie Talley

The nominating committee presents the following slate to be voted upon at the general meeting in April:

President-Elect	Diane Glismann (John) Clear Creek
Vice-President	Pam Laman (Muryl) Pueblo
Recording Secy.	Carole Gibbons (Ralph) Aurora-Adams
Treasurer-Elect	Becky Baldwin (Ed) Weld

The 1990-91 Nominating Committee Members suggested are: Anne Cook (William) Denver, Sharon Cunningham (Leon) El Paso, Cheri Kinzler (Dale) Clear Creek, Eileen Lepisto (Carl) Mesa, Liesbeth Osa (Steven) Arapahoe, Bev Shachtman (William) Larimer, Catherine Yoder (Franklin) Weld.

Liesbeth Osa, Chairman, Nominating Committee

COLORADO MEDICAL SOCIETY AUXILIARY CMSA MINI-CONFLUENCE

Monday, March 12, 9 a.m. - 2 p.m.
The Gardens at St. Elizabeth
2835 W. 32nd Ave., Denver
(Federal and 32nd Ave.)

JOIN OTHER AUXILIANS TO HEAR
ATTORNEY

SUSAN WEHRSPANN,

TIME MANAGEMENT SPECIALIST,

speaking on:

HUMAN BEHAVIOR - Why People do as They Do?

CONFIDENTLY DEALING WITH CONFLICT - Conflicts Arising from Semantics, etc.

I'M TALKING, ARE YOU LISTENING?

and other topics of interest.

\$5 Registration Fee - Please Mail to Doris Ballinger by March 5, 1990

1079 Kearney St., Denver, CO 80220

For Information, please contact your county president or a committee member:

Sandy Brightwell, Cheri Kinzler, Teresa Orton, Linda Canfield, Kit Manart, Cheri Roy, Gloria Genskow,
Carrie Mountain, Karen Smith, Sue Kading, Jane Nevriy, Catherine Yoder

This first CMSA Mini-Confluence is made possible by a grant from COPIC

LEGISLATIVE DAY

Over 70 auxiliaries from throughout Colorado gathered for breakfast at the Denver Botanical Garden on Feb. 8 for Legislative Day organized by chairman Becky Hammond.

Later at the Capitol, legislative briefings were provided by Senator Claire Traylor, Senator Dottie Wham, and CMS lobbyist, Sue Ellen Quam. They summarized the following bills:

- | | |
|---------|---|
| SB 63 | Creation of the Colorado uninsurable health insurance plan and creation of a funding mechanism. |
| SB 89 | Establishment of comprehensive health education programs for K-12. |
| HB 1020 | Uncompensated health care by health professionals as a requirement for licensure. |
| HB 1021 | Concerning the medically indigent health care program. |
| SB 157 | Continuation of confidential reporting for AIDS exposure by the Health Dept. |

More than 50 legislators joined the auxiliaries for lunch at the University Club. This was an important time for the auxiliaries to discuss the bills pertaining to medicine with their legislators.

Committee hearings could be observed in the afternoon.



Mesa County Auxiliaries with their Legislators



*Senator Dottie Wham
Addresses Auxiliaries*

Auxiliaries listen in Old Supreme Court Room



Carole Kaiser, O' Linda Harvey, Dr. Merlin Otteman

Larimer County Auxiliary Honored

Poudre Valley Hospital, in Fort Collins, Colorado, recently added **Larimer County Medical Auxiliary (LCMSA)** to their Hall of Distinguished Members. The presentation was made on December 21, 1989, by John Lauri, Chief Operating Officer of the hospital, to Carol Kaiser, Co-president LCMSA.

The award holds special importance to LCMSA. First, it is unusual for a medical auxiliary to be honored by a hospital in this fashion. Hopefully, this is the beginning of a new trend that more hospitals are becoming aware of the value and services provided by their auxiliary organizations. In addition, Poudre Valley Hospital has only distributed 25 similar awards over the past 10 years and most of the awards have been reserved for recognizing individual people and their commitment to the hospital.

LCMSA was recognized for excelling in community health education and improving the community's quality of life. Projects including nursing scholarships, sponsoring symposiums, volunteer work at the children's clinic, providing drug information packets to physician offices, and numerous donations to community agencies, to the hospital foundation, and other hospital departments were listed as evidence of LCMSA's generosity and efforts over the past 60 years.

AMA-ERF—Dr. Raymond A. Nethery Memorial Fund

Dr. Raymond A. Nethery, a prominent, longtime Pueblo physician, passed away June 2, 1989. Mrs. Olive Nethery requested memorial contributions be made to the AMA-ERF of the University of Colorado Medical School in Dr. Nethery's memory through the Pueblo County Auxiliary. A total of \$1230 has been contributed in his name.

Dr. Nethery, a 1936 graduate of the University of Colorado School of Medicine, interned at Denver General Hospital until 1938, and moved to Pueblo entering private practice in Surgery and Obstetrics at Corwin hospital. After retirement, he and his wife, Olive, moved to Modesto, California in 1988 to be near their children.

Weld County Holds Heart Hop

The Weld County Medical Society Auxiliary held a "Heart Hop" on Feb. 2 at the University of Northern Colorado Ballroom. The medical community and friends dressed in their 50's and 60's costumes and danced to music provided by local physician and disc jockey, Doug Ambrust. WCMSA President Andria Welch arranged lip sync performances done by sporting physicians, spouses, nurses, etc. The crowd enjoyed renditions by the Beach Boys, Aretha Franklin, the Platters, the Beatles, the Ponytails, etc. and were thrilled to see that Elvis lives.

Proceeds from the event will go to AMA-ERF.

Heart Hop Chairmen Steve and Sue Kading, Andria and John Welch



Doug Ambrust, MD

The Hand Jive

CALENDAR

March 12

Mini Confluence

The Gardens at St. Elizabeth 2835 W. 32nd Ave., Denver

March 30

Doctors' Day

This day marks the anniversary of the occasion when Dr. Crawford W. Long became the first physician to use ether as an anesthetic during surgery.

April 27, 1990

CMSA General Meeting

May 1990

County Installations

June 24-26

AMAA Convention

**Your Board of Directors
encourages your participation!**



CMSA January Board Meeting

Colorado Peer Review = CFMC

The Physician's Involvement in policy and processes

by *L. A. Merkel, M.D., President*
CFMC

For the past 20 years, the **Colorado Foundation for Medical Care (CFMC)** has enabled Colorado physicians to oversee quality medical care statewide. Not only do physicians run the foundation, but physicians participate in policy making, criteria development and review processes. That high level physician involvement is the key to the success of this two decade old peer review organization.

CFMC is structured into five regional councils which provide the professional direction for their regions and guide the board of directors. The council members come from component medical societies, Colorado Hospital Association districts and representatives of the pharmacy industry, dentists and long term care associations. Each council appoints a member to each of the two standing committees of the CFMC.

Standing Committees

The **Health Care Standards Committee** develops the criteria which CFMC's review programs use, in concert with Colorado specialty and subspecialty societies.

The **Statewide Quality Assurance Committee** reviews data profiles and individual medical cases to assure appropriate quality of care.

Each of the regional councils also seats two representatives on the board of directors, except for the Denver region which has three. Thus, eleven of the 23 board members come from these representative councils. The remaining twelve are as follows:

Colorado Medical Society-three representatives
Colorado Society for Osteopathic Medicine-two representatives.
Colorado Hospital Association-four representatives.
Colorado Business Coalition for Health-one representative.
Senior Citizen Organization-one representative.
Long Term Care Association (shared by CAHSA AND CHCA)-one representative.



Except for the Long Term Care representative (who is limited to one term) board members may serve two consecutive three year terms. After a one year lapse, board members may be re-elected to two more terms and so on.

In addition to these board members, **physician advisors** are sought (and credentialled) from all specialties and subspecialties. The effectiveness of the CFMC review process depends on these highly qualified and experienced physicians being involved directly in the program. Physician advisors are recommended by specialty and subspecialty societies and by the regional councils. Several specific specialties are needed at the present time. Please contact Judie Lenhart, Director of Review Operations at (303) 321-8642 if you are interested.

Local input and physician participation are essential to the effective operation of CFMC. Our philosophy of using education to resolve quality concerns has resulted in a stronger practicing medical community, but it cannot continue without a high level of physician involvement.

If you are not now a physician advisor or serving on one of the regional councils or standing committees, it is time to get involved in peer review in Colorado. We need *you* to make the process as professional as it can be.

Colorado Foundation for Medical Care
1260 S. Parker Road
Denver, CO 80231-2179
(303) 321-8642



The Colorado WIC Program

by Amy Sage,
Colorado Department of Health

A vital program that gives a head start to infants, to avoid health problems and associated costs later, is the Colorado Women, Infants and Children (WIC) Program. In its 13th year, WIC helps 48,000 Coloradans a month buy nutritional foods to supplement their diets.

A woman named Cindy, who lives in Aurora with her three children, all under the age of five, has been receiving help from WIC for more than two years. She says she and her husband would have to scrimp if the assistance was not available. "I have a part-time job, but I'm not always able to buy as many groceries as I would like. The WIC check helps me provide better meals for my kids and I think help them stay healthy."

Through WIC, Cindy and thousands of others get checks over a certain period of time that can only be used to buy specific nutritious foods. The clients have to be low-income, high-risk, pregnant or breastfeeding women, postpartum teens, or children under five years of age. The mother is also given individual nutrition education when she picks up her monthly check.

"We want to provide optimal nutrition to the child during brain development to try to give these kids a head start," according to Bill Eden, director of the Nutritional Services Section at the Colorado Department of Health. "We are trying to reduce low birth weight infants, which is a major issue in Colorado, and reduce the level of anemia."



Eden, who is a registered dietitian and has a masters degree in human nutrition and in public administration, began working with WIC 13 years ago.

Congress authorized the program on an experimental basis in 1972, because of evidence that American children of low-income families suffered from

seriously inadequate diets. In 1974, the late Senator Hubert Humphrey moved to make WIC available nationwide. Recently, it was re-authorized for another five years.

"This is a very popular program with Congress," says Eden. "It has proven effective in dealing with such conditions as low birth weight and growth issues. It is also a cost-effective program. Every \$1 put into the program saves \$3 in health care."

About 58 percent of the participants in Colorado are white, 31 percent Hispanic, 7.5 percent Black, 2 percent Asian and .8 percent American Indian.

How does the program work? The applicant visits one of the 43 local health departments and county nursing services throughout the state. There, it is determined if the woman, infant or child is eligible. The family must fall into the low-income category of 185 percent of poverty. That means that a family of four cannot have an income over \$22,300; a family of six cannot make over \$29,900 a year.

The applicant must also be certified at "nutritional risk", which means that they display abnormal growth patterns, anemia, are overweight, have special eating problems or have an inappropriate diet. Pregnant, postpartum and breastfeeding women are considered at risk for the same reasons, as well as for poor obstetrical history, poor weight gain and risk due to age.

If they are eligible, they receive a monthly supplemental food check on the spot which can be redeemed in one

WIC Program (Continued)

of 375 food stores across the state, such as King Soopers, Safeway, and independent grocery stores.

Each certification period lasts six months for children and postpartum women. A pregnant woman's certification lasts for the duration of her pregnancy. At the expiration of the period, each participant is again screened and assessed for improvement and eligibility.

Specific brands and amounts of foods that are rich in protein, iron, calcium and vitamins A and C are listed on the checks. The participant may only get varying amounts of juice, eggs, cheese (no imported or deli cheeses), milk, peanut butter and cereal. Sixteen specific brands of cereal fortified with iron are listed. Infants receive infant cereal, juice and iron fortified formula.

WIC is the largest program in the Nutrition Services Section of the Colorado Department of Health, with

a budget of \$25 million a year. One-third of the annual food budget is spent on infant formula. Because of the large quantity, the Health Department set up a rebate program in 1988 with two formula manufacturers, to channel money back into WIC. That amounted to \$4.2 million in 1989, enough to serve an additional 7,000 low-income pregnant women and children in the state. The rebate contract ends in September and will be rebid.

While the majority of formula used by the WIC Program is standard milk and soy, special therapeutic formulas like Nutramigen and Alimentum and medical nutritional products for children like Pediasure and Sustacal are also available, when a physician writes a prescription. The availability of these products for high risk infants and children are an important part of the WIC Program.

WIC promotes breastfeeding as the ideal way to feed an infant but "the method of choice is still often commercial formula," says Eden. "We are

trying to increase breastfeeding rates because of the economic savings and health benefits."

Kit Carson County Nursing Service says the WIC Program "really brings them in". Dee Kaster, WIC Director there for the past five years, says "Most of our clients are so thankful to have a program like this. You don't have to be really poor to qualify, so we catch some of the people who fall through the cracks". Kit Carson and Cheyenne counties have 350 WIC clients, and they see 125 people per month, which includes quite a few single mothers. "When they come in, we tie them into other programs such as the Well Baby Clinic, prenatal care, handicapped children's and immunizations. We also refer them for food stamps."

Eden says "WIC is an example of the state Health Department being able to provide direct assistance to the people and see positive results".

For more information about the program, please call Bill Eden, Director, at (303)331-8380. **C/M**



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COLORADO MEDICAL SOCIETY

Workshop Announcement

CMS is pleased to announce the following workshops scheduled in March and April:

MARCH 7, 1990 - How to Plan Now for Retirement - Presented by Practice and Liability Consultants -
9:00 a.m. - 4:30 p.m. at Writer's Manor (See brochure in February Colorado Medicine or call CMS to register or obtain additional information.)

This seminar is designed for all physicians anticipating retirement in the near future. It is also a good tool for those who are ten or more years from retirement and want to be confident they have planned well for their future. Topics to be covered include the following and much more:

Closing the Practice

How to inform patients of retirement to avoid abandonment
Medical records retention, storage and release

Sale of the Practice

How to value the practice for purchase
How to save taxes on the practice sale
How to finance the practice purchase

Financial and Tax Planning

Determination of insurance needs
Pension plans
Investment strategies

APRIL 4, 1990 - Successful Personnel Management - Presented by Practice and Liability Consultants -
9:00 a.m. - 4:30 p.m. at Writer's Manor (See brochure in this issue)

APRIL 19, 1990 - Marketing Techniques for a Successful Practice - Presented by Conomikes Associates, Inc. -
9:00 a.m. - 4:30 p.m. at Cherry Creek Inn (Watch your mail for this brochure or call CMS for additional information.)

You will learn from the experts the techniques that will help you in your practice. These are tested ideas, taken from years of consulting and research done by Conomikes Associates in all practice sizes and specialties. Topics to be covered include:

Developing your marketing strategy
Practice building with your current patients
Patient satisfaction surveys
Should you use a newsletter?

Patient information brochures
Should you advertise?
Attracting new patients
Developing a referral logbook

Getting exposure in your community
Involving your office staff
Improved doctor/patient communications

APRIL 20, 1990 - How To Run A More Profitable Practice - Presented by Conomikes Associates, Inc. -
9:00 a.m. - 4:30 p.m. at Cherry Creek Inn (Watch your mail for this brochure or call CMS for additional information.)

In this seminar you will learn a tested, 31-step strategy to help you maximize revenues and minimize overhead. The steps covered include the following:

Educating patients to pay
Improving your results with third party payors
What your strategy should be for HMO/PPO/IPAs

How a computer can improve your productivity
More ways to control overhead
How to develop your plan of action

APRIL 21 and 22, 1990 - How to Get Started in Practice - Presented by Conomikes Associates, Inc. and CMS -
9:00 a.m. - 4:30 p.m. at Cherry Creek Inn (This brochure will be mailed to residents and young physicians [under age 40]. Call CMS to receive a brochure or obtain additional information.)

This two-day program will help you build a successful practice by minimizing frustration and indecision and avoiding costly errors. In addition, you will gain confidence in your professional skills and enjoy the personal satisfaction that comes with giving your patients the best possible service. The first day and a half will be presented by Conomikes. The seminar will conclude on Sunday afternoon with speakers provided by CMS. Topics covered by Conomikes will include:

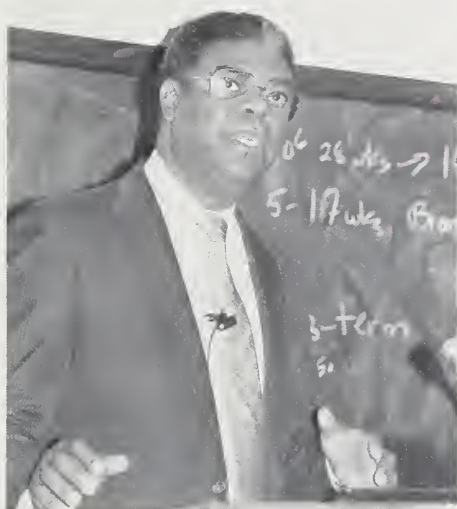
Practice alternatives
Practice setting and practice-marketing techniques
Financing your practice - and practice buy-ins
Patient management

Personnel
Financial management techniques
Medical records

Topics covered by CMS may include:
Risk management
Medicare
Medicaid
Contract Negotiation

AMA's Dr. Bristow Addresses The Issues

*Story and photos by
Michael P. Thompson
Assistant Managing Editor*



Lonnie R. Bristow, MD, an AMA Trustee, was in Denver for several events during January. Nancy R. Nelson, MD, Associate Dean for Student Affairs and Clinical Professor of Pediatrics at the University of Colorado Medical School and a former member of the CMS Board of Directors, described Dr. Bristow as "a leader in medical education."

Dr. Bristow began the morning of January 29 by having breakfast with members of the Justina Ford Medical Society and other black physicians from the Denver metro area. Dr. Charles Howell, President of the Justina Ford Medical Society, said the discussion centered around strategies for improving the health status of the minority community, increasing the number of minority medical students

and tapping the resources of organized medicine to address the disparities in disease rates (AIDS, cardiovascular disease and cancer, for example) between minorities and the general population. (The Justina Ford Medical Society, according to Dr. Howell, is an organization of black physicians in university hospitals which exists to provide professional, moral and social support for its members, to increase the number of black physicians and physicians-in-training at the University of Colorado and in the Denver area and to be involved in health issues which affect the Denver metropolitan minority community.)

During the noon hour, Dr. Bristow spoke on applying ethics to medical practice to a gathering of

medical students eating a lunch sponsored by the Colorado Medical Society. A lively question and answer session followed, with several students staying afterward to discuss issues with Dr. Bristow. (See accompanying photos.)

Dr. Bristow is President of the AMA Education and Research Foundation and Past President of the American Society of Internal Medicine. He has served the federal government on

several Councils and Committees and is a member of the Institute of Medicine of the National Academy of Sciences. He has also been active in state level organized medicine and written and lectured on medical science, socioeconomics and ethics.

In addition to his internship and residency in Internal Medicine in San Francisco, Dr. Bristow completed a residency in Occupational Medicine in 1981. He is a diplomate of the American Board of Internal Medicine and a Fellow of the American College of Physicians. He serves on the staff of Brookside Hospital in San Pablo California, where he maintains a practice in Internal Medicine.

Dr. Bristow resides in Walnut Creek California with his wife, Marilyn, and three children.



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I will not take drugs anymore
I will not drink anymore
I will not take drugs anymore
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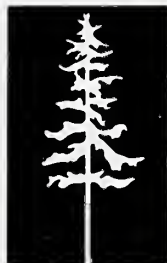
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Conference on Medicine in the '90s

How Will Outcome Studies Affect Quality of Medical Care?

AMA's Acting Executive Vice President to Address Colorado Physicians on Practice Guidelines

"The Colorado Health Data Commission and Members of the business community have proposed patient outcomes as a key indicator of the quality of hospital care and physician skill," said **John A. Sbarbaro, M.D.**, president-elect and chairman of the Program Committee of Colorado Medical Society. In a statement issued February 14, he said that "many professional societies and academies have carefully prepared and published such guidelines in an effort to assist physicians, both in the delivery of patient care and in reducing health care expenditures. The guidelines provide a potential basis for focused quality assessment reviews and studies."

In his statement, Dr. Sbarbaro announced that CMS member physicians will have an opportunity to look closely at both alternatives during the April 27-29 "Conference On Medicine In The 90s", which, he said, "will focus on the characteristics, differences and potential impact of these two approaches on the future of medical practice".

All physicians throughout the Rocky Mountain region have been invited to attend this conference.

CMS President **John F. Farrington, M.D.**, emphasized the importance of the conference, not only to physicians but to all health care providers, third-party payors, business and industry, adding that "CMS recognizes it is essential to contain costs while maintaining our high quality health

care system. We also recognize that if we are to achieve this goal, physicians and other health care providers, the business community, their employees and the insurance industry must coordinate their efforts and work together. Quality should not be sacrificed solely for economic considerations".

Is "Patient Outcome" the Key Indicator of the Quality of Hospital Care and Physician Skill?

Colorado Physicians Urged to Attend Medical Conference

In sponsoring the Conference on "Medicine In The 90s" April 27-29 in Denver, the Colorado Medical Society has extended an invitation to all physicians in the Rocky Mountain region to attend.

If you know any physician or healthcare provider who would be interested, please have them contact CMS for registration material. Space will be limited and CMS members will be treated on a first-come, first-served basis. Call (303) 779-5455, ext. 416 for registration materials.

AMA, Rand, academic centers near practice guidelines accord

(From American Medical News, February 9, 1990, Harris Meyer)

The AMA, Rand Corporation and a consortium of eight academic medical centers made significant headway last month toward an agreement to jointly develop clinical guidelines for improving medical practice.

Rand, a Santa Monica, California-based research group, and the Academic Medical Center Consortium have agreed to begin work this month on rating the appropriateness of indications for four procedures: coronary artery bypass, carotid angiography, aortic aneurism resection, and cataract surgery. They plan to complete these appropriateness ratings by the end of the year, then tackle eight more procedures if they can raise the money.

The AMA probably will sign an agreement by March with the two organizations to develop practice parameters, the term preferred by the AMA for guidelines. That announcement came from James A. Todd, M.D., January 18 before the Physician Payment Review Commission in Washington. But Dr. Todd warned the commissioners that using parameters may not save the nation money, which rankled at least one PPRC member.

Speaking Out:

Outcome Studies vs. Practice Guidelines



Paul M. Ellwood, Jr., M.D.

Chairman of the Board,
InterStudy and Quality Quest.
Clinical Professor
University of Minnesota

Paul M. Ellwood, Jr., M.D., a specialist in pediatrics, neurology, physical medicine and rehabilitation, has been called one of the most important figures in American healthcare in the last century. Born in San Francisco, California July 16, 1926, Doctor Ellwood received his pediatrics and neurology training at the University of Minnesota, and his physical medicine and rehabilitation training at the University of Washington.

Doctor Ellwood is currently a clinical professor of neurology and pediatrics at the University of Minnesota where he founded the University program in Pediatric Neurology.

Since 1966, Doctor Ellwood has been heavily involved in policy analysis and health systems design, beginning with his plan for the implementation of comprehensive health planning in states for U. S. Surgeon General William Stewart.

In 1970, Doctor Ellwood proposed the HMO approach to health care, relying on competition and market forces, using HMOs and IPAs, for the Undersecretary of HEW, John Vanneman. He has been a consultant for governments, large purchasers of medical care, and consumer groups on health education. He has also consulted foundations, academic medical centers, hospitals and doctors, developing methods for improving health care delivery.

In a citation given Doctor Ellwood by the American College of Healthcare Executives, the College described Doctor Ellwood as "continually scanning the horizon for ways to enhance efficiency and control costs, and has been lauded as the venerable godfather of the health maintenance organization. Quietly gaining government acceptance of the HMO option, he transformed the Twin Cities into a laboratory for his ideas and, in the process, created one of the nation's most progressive and competitive healthcare markets." The citation also stated that Doctor Ellwood "helped to shape a system in which providers are rewarded -- not necessarily for doing more, but for doing a better job of managing with less."



James S. Todd, M.D.

Acting Executive Vice President
American Medical Association

James S. Todd, M.D., a general surgeon from Ridgewood, New Jersey, joined the American Medical Association as Senior Deputy Executive Vice President on February 12, 1985. He was a member of the Board of Trustees from July, 1980 to June, 1984, as well as a Commissioner to the Joint Commission on Accreditation of Healthcare Organizations (JCAH) from 1982-85.

Doctor Todd was named by the AMA Board of Trustees to the position of Acting Executive Vice President of the American Medical Association on February 9, 1990, following the resignation of James H. Sammons, M.D.

Born on July 9, 1931, Doctor Todd graduated cum laude both from Harvard College and Harvard Medical School. He interned and served his residency in surgery at Columbia Presbyterian Medical Center, becoming Chief Resident in 1963. He is a Diplomate of the American Board of Surgery and a Fellow of the American College of Surgeons. From 1977-1985 he was Chairman of the Board of the New Jersey State Medical Underwriters, Inc., and is a Past President of the Physician Insurers Association of America.

Doctor Todd has been a Director of the Institute of Society, Ethics, and the Life Sciences (Hastings Center) and was a Councillor-at-Large of the Harvard Medical Alumni Association. His service to the community includes: Committee to Establish Guidelines for the Care of Comatose Patients, State of New Jersey, 1977; recipient of the Edward J. Ill Distinguished Physician Award of the New Jersey Academy of Medicine in 1980 and the Distinguished Service Award of the New Jersey Hospital Association.

He has served as Trustee, later President, of the Bergen County (New Jersey) Medical Society, Chairman of the New Jersey Delegation to the AMA House of Delegates, and Chairman of the Ad Hoc Committee to Review the AMA's Principles of Medical Ethics.

Doctor Todd has published numerous articles dealing with health care and professional liability.



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Yellow Pages vs. Jaundiced View

American Board of Medical Specialties Going Ahead With Its New Physician Phone Directory Listings. Some Doctors Objecting; Others Just Wondering

by Jack Wynn, Business Writer
Washington, D. C.

Ed. The question of physician "yellow page" advertising has reared its head once again, and some practitioners are breathing fire over the prospect of having to be listed under new guidelines being touted by the American Board of Medical Specialties (ABMS). This new scheme of things, according to ABMS, would help the consumer in choosing a physician because the ABMS would presume to narrow the focus on specialty certification.

The Federal Trade Commission, under current FTC-enforced yellow page policies, allows physicians to list themselves as specialists, even if they are not ABMS board-certified in that field, and even if they have no special training there. There are at least two points of contention here; one is that physicians will be forced to pay an inordinate amount of money to be listed by more than one directory, each with separate guidelines. The other is that, left to the physician, why should he have to pay for an ABMS-approved listing when being listed doesn't make him a better physician? It simply proves that he's willing to spend the extra money to be in with the competition.

Following is the Colorado story by Jack Wynn, a Washington, D. C. business writer.

Many Colorado physicians are debating a new nationwide yellow pages advertising campaign by the American Board of Medical Specialties (ABMS) that supposedly will help consumers quickly identify which doctors are ABMS "board certified" in specific medical specialties.

The aim, according to ABMS Vice President Donald Langsley, M.D. is to counteract misleading yellow pages advertising in which some doctors claim "board certification" status, but neglect to mention what board, what education or training requirements were met or even if the claimed certification has anything to do with a doctor's current practice.

"The last thing on the minds of people who seek the aid of a physician is that the doctor has misrepresented his credentials", said Denver plastic surgeon Thomas Gargan, who is certified by the ABMS American Board of Plastic Surgery. "We have a board-certified gynecologist in this city who has no formal training in plastic surgery who is doing face lifts and liposuctions with disastrous results that filter into my office every couple of weeks."

As the law now stands, Gargan said, "there is nothing I can do about that". But he added that "I hope this new ad program will help educate consumers to make critical distinctions among doctors before they pick up the phone".

The ABMS, headquartered in Evanston, Ill., is the only nationally recognized medical certification board that qualifies doctors in 23 specialties and 43 subspecialties after they meet strict education, training, internship and both written and oral testing requirements established by their member boards.

Only about half the nation's 600,000 licensed physicians are ABMS "board certified", though many who are not may be affiliated with other organizations that award certification based on a wide range of standards from varying levels of professional expertise to simply paying dues or lump-sum fees.

Dr. Roy Jones of Denver, an ABMS-certified otolaryngologist, said he hopes the new ABMS program will help him cut down on an annual \$27,000 bill for yellow pages advertising.

"There are so many competing and supplementary yellow pages directories serving the greater Denver area," Jones said, "and when competitors buy big display ads in this book or that, I feel compelled to follow suit just to keep my hand in play. It's a real rat's nest."

This summer, Colorado yellow pages directories will begin publishing a clearly marked, straightforward advertising section listed in local directories under "physicians and surgeons". It will begin with a large

Yellow Pages (Continued)

display of the ABMS crest, an explanation of strict board certification criteria and a toll-free hotline number Colorado consumers may call to check out the credentials of a doctor not listed under specific medical specialty headings that follow. ABMS-certified doctors participating in the program will pay an annual fee to cover the cost of their ad listing and hotline expenses.

Placement of the ABMS advertising section in 2,000 yellow pages directories nationwide is being managed by National Media Services, Inc., (NMS) of Atlanta, a subsidiary of National Media Holding Co. (NMH).

Citing Yellow Pages Publishers Association statistics, NMH Corporation Vice President Douglas Reynolds said Americans consult the "physicians and surgeons" directory heading at least 23 million times per month. He said NMS operators manning hotline telephone banks will "answer consumer questions with information provided by our constantly updated, computerized database of ABMS-certified doctors".

The new ABMS advertising program is not without its critics. Dr. Lawrence Spivak, an ABMS-certified ophthalmologist in Englewood, said he objects "to the whole idea of feeling pressured to pay out yet another fee for advertising". Besides, Spivak said, he is more willing to bet consumers searching for a specialist will look under the alphabetical listing before they turn to "physicians and surgeons".

Dr. Karl Franz Gross, an ABMS-certified neurologist in Aurora, signed up for the ad program and then changed his mind after polling colleagues in his specialty. Gross said most fellow neurologists did not sign up so he felt less "competitive pressure" to do so.

But ABMS-certified general surgeons John Collins and John Wolz of Fort Collins elected to join the program despite the fact that there is scant possibility any hospital would grant operating privileges to a doctor without proper credentials. Jean

Knopp, office manager for Drs. Collins and Wolz, who described her employers as "straight shooters", added that "We advertise as board certified in a specific specialty; we practice only in that specialty and we support the ABMS program".

Despite the fact that there are few conflicting interpretations of board-certifications in psychiatry, Dr. Mark Pecevich of Pueblo said he will

support the ABMS program "because I think the man on the street has a right to know who is the best qualified doctor". But while he said the program provides a "benchmark for quality", he added that success or failure will probably depend on high-profile ABMS followup efforts to point out to consumers that this reference is as readily available as the nearest yellow pages directory. C/M

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Your name will be listed in the upper left corner of the card. Make sure it is spelled correctly and your degree listing is correct.

Two addresses (maximum) can be listed in the Directory. Please correct, delete or add any information as necessary.

Check your phone number(s) to make sure they are correctly listed. You may add or delete a phone number from the listings if you want your listing to appear differently.

A question asking your retirement status may be marked according to your current wishes. You may also list up to five specialties, the first one listed being primary. Please indicate any changes on the card.

If you do not wish to be listed in the Directory, just cross out all addresses on the label and return to CMS before the deadline.

When you have corrected or verified all information, please sign the card (this attests to the accuracy of the information) and return to CMS. Don't miss the deadline!

REMEMBER! This is the way your information will appear in the final version of the Directory unless you change it. Make certain it is correct.

If you do not return the card at all, we must assume that the information is correct. The way it appears on the card is the way it will appear in the Directory unless **you** change it.

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New Medical Director at Spalding Central

Joan K. Szyal, M.D., has been appointed Medical Director of Spalding Rehabilitation Hospital Center at 1919 Ogden Street, Denver. Spalding's Executive Director John Hershberger tells C/M that Dr. Szyal's undergraduate work was at DePauw University, Indiana, and her medical degree is from Indiana University. She did her residency in Physical Medicine and Rehabilitation at the University of Colorado School of Medicine and specializes in electromyography.

Do I Have An Ulcer?

Approximately 53 million individuals in the United States suffer from symptoms which may be caused by an ulcer, yet many of them will not make the effort to consult a physician about the problem. That leaves a third of the adult population of the country in danger of possibly escalating ulcers.

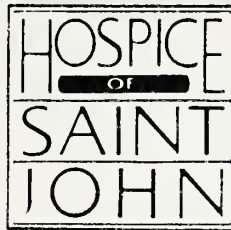
SmithKline Beecham has developed a brochure to help alleviate some of this problem. It is called "Do I have an ulcer?" and is designed to motivate those with heartburn, acid indigestion or stomach pain to seek the advice of a physician. It uses attractive graphics and well written text to raise the awareness of the patient concerning the possible meaning of the symptoms and the necessity for seeking professional advice.

Multiple copies of the brochure may be obtained by calling 1-800-333-PAIN. You may obtain more information by calling (312) 988-2338.

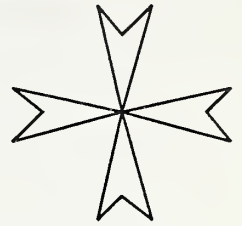
Sammons Resigns from AMA

James H. Sammons, M.D., resigned his post as Executive Vice President of the American Medical Association, effective February 9, 1990.

Dr. James Todd will fill the position while a replacement is sought. The AMA Board of Trustees voiced its confidence in Dr. Todd, saying the AMA is well positioned to meet the medical challenges of the future.



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AMA Recognizes Colorado Physicians

In December, all Colorado physicians should have received an application form for the Physician's Recognition Award (unless they have a valid award certificate). The American Medical Association (AMA) established the Physician's Recognition Award (PRA) in 1968 to recognize those physicians who have made the effort to complete programs of continuing medical education (CME). Because the AMA (like the Colorado Medical Society) believes that CME should be voluntary, not mandatory, it takes this opportunity to honor the extra effort of these dedicated professionals.

In order to receive the certificate, a physician must complete a certain number of hours (generally 50 per year) of CME. Forty percent of those hours must meet the criteria for AMA PRA Category 1. Currently about 73,000 physicians nationwide have valid PRA certificates. This demonstrates in a tangible way that they have engaged in continuing medical education to maintain knowledge and skills.

For more information, or if you did not receive an application form, contact Arthur Osteen, PhD at (312) 645-4677. The following Colorado physicians have received the PRA certificate:

Colorado Physician's Recognition Award Recipients from July, 1989 through January, 1990

Stewart Abbot	Jude Kirk
Thomas Baldwin	Thomas Larkin
Joseph Becky	David Leistikow
G. McDonough Birmingham	George Maxted
David Bowerman	Robert McCartney
David Burgess	Lawrence Menconi
Franklin Szu-Chien Chow	Thomas Merrick
Thomas Collins	Edward Merritt
Benjamin Crue	Meredith Miller
Thomas Dieringer	Timothy Moore
Kenneth Duncan	Timothy Morgan
J. Craig Edgerton	Carl Mossberg
Spencer Erman	Eugene O'Neill
Lynne Fernandez	Mark Olson
Donald Ferrell	David Oppenheimer
Bruce Fineman	Joseph Parker
Christopher Fletcher	James Peak
Stephan Forstot	Ulysses Peoples
Mark Frank	David Pfoff
Rebecca Fried	Jacob Protas
Robert Gibbons	Robert Pyon
Thomas Golbert	Deogracia Quiñones
B T M Graver-Bugajski	Charles Ripp
John Gray	Thomas Roess
Lynn Greenlee	Thomas Sandell
Lee Halfmann	Marc Seelagy
Nancy Henderson	William Seybold
Shih-Fong Hsu	Daniel Simmons
David Hutchison	Wallace Sneddon
Stephen Johs	Patrick Thompson
Elisabeth Kandel	Joseph Villalon
Ralph Kendall	U. Samuel Wiley
Richard Kiofsky	James Wise
Larry Kipe	David Younger

April, 1990

Volume 87, Number 4

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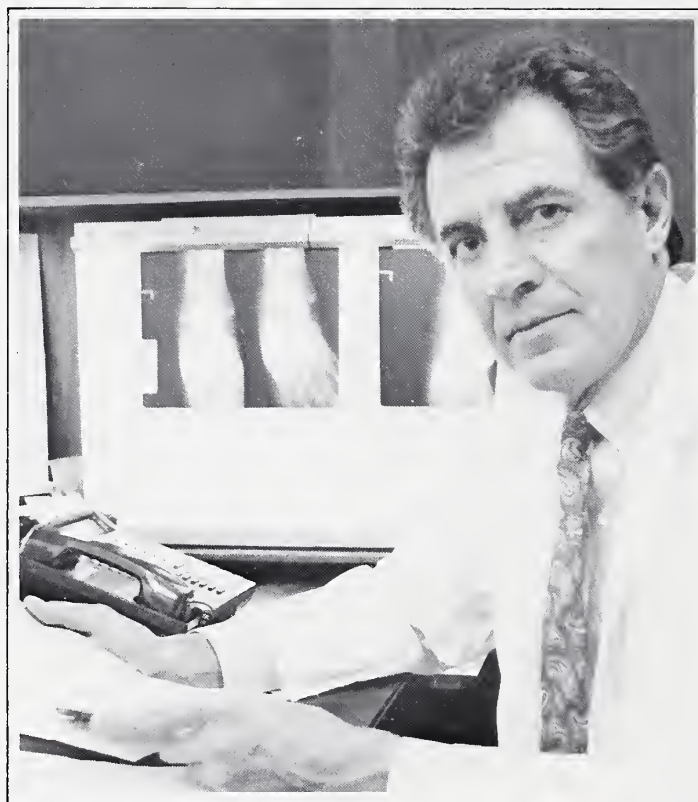
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The 120 day session makes it tough on legislators and lobbyists alike, but CMS keeps "Working For You."

Departments

- 108—President's Letter
- 110—The Lobby
- 112—Committee Update
- 118—Retirement
- 119—Health Care Financing
- 121—Health Department
- 124—Medical News
- 129—Letters
- 132—Copic Comment
- 133—Classified Advertising
- 135—Physician Recognition Awards

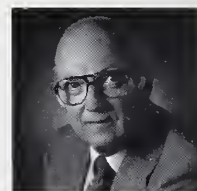
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- 116—Community Loses Physician
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- 117—They're Listening
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John F. Farrington, M.D.
President, Colorado Medical Society
1989-1990



Are There Any Happy Contributors Left?

Is there such a thing as a "happy contributor"? One organization or another is constantly trying to separate you and me from our hard earned money for a "good cause" to which we should be "happy to contribute". Just think how happy we could be if we contributed to all these causes. Our joy would know no bounds, as we ran the contribution gamut from religion to politics, giving and being happy.

I believe most of us give because we want to, because we believe in the cause or feel it is our civic responsibility. "Happy" does not seem to be associated with giving away money.

As physicians we may have found another reason to give. Anger. Anger with what is happening to your profession. Anger about how government is intruding into the patient-physician relationship. Anger over audits based on the skillful use of the "retrospectroscope" by someone who has never cared for a patient or accepted more responsibility than finding the way to the rest room and back. Anger toward administrative requirements which do nothing more than increase the cost of care, but are sacred to claims payors. Anger about problems too numerous to list.

Of course, you realize that I am going to try to "put the bite" on you.

By now, of course, you realize that I am going to try to "put the bite" on you.

So, what's the pitch? I want you to become a political activist. Your first step is to give \$99 to COMPAC, the Colorado Medical Political Action Committee.

"But", you say, "I don't trust PAC's. They have been known to give money to *other* candidates in that *other* political party." YES, THAT'S EXACTLY WHAT THEY HAVE BEEN KNOWN TO DO.

It was difficult for this dyed-in-the-wool Republican to contemplate his hard earned money going to a candidate from a party he just couldn't support. I know it will be just hard for you dyed-in-the-wool Democrats to stomach the thought that you may be supporting a candidate whose party is not traditionally tuned in to your beliefs.

COMPAC is a bipartisan organiza-

tion that supports candidates from both sides of the aisle, candidates who support the interests of our profession and our patients more often than they oppose them.

Like everything else in life, you have the choice to become involved. It is up to you to

determine how deeply you want to become involved. Most importantly: You owe it to yourself to exercise your right to complain. If you aren't familiar with this right, it simply states that if you don't become involved in the process, you forfeit your right to complain when things go wrong.

Now some of you may be thinking, "Elections? What elections? It's only April. The election's not until November." You can rest assured that those who make a difference have not adopted that attitude. They are already out working to generate support for their candidate or their issue. (Support, meaning endorsements, money, voting blocks, money, publicity, money, name recognition and money.) In terms of impact, November is now.

Others of you may go so far as to say, "It makes no difference who runs for office. The candidates are all picked by some 'ethereal party' out there over which I have no control."

Believe in the power of "one"

Again, those who make a difference have adopted a more effective attitude. A few votes in a neighborhood caucus can make a world of difference in the district, state and even national conventions. Not all of us have time for even that level of participation though, so you can delegate that responsibility to an organization. Make sure it's an organization you trust to effectively carry out these functions for you. Then make sure to provide the means for it to do so.

The real fatalists may even say, "My vote doesn't count. One person makes no difference." There are a number of stories from elections past which illustrate the power of the "one". You've probably heard the one about President Grover Cleveland, going to bed in November of 1888, confident in his incumbency, his good record, his solid support and the fact that he had won almost 100,000 more votes than his opponent. What a surprise he got the next morning when the electoral college gave the election to Benjamin Harrison. Harrison had more "one" votes where it counted because the Republican party that year had not assumed that the power of Tammany Hall was unstoppable, because they organized "get out the vote" drives, because they knew the power of "one" vote. The candidate who knows the power of "one" will be the winner.

Make your participation painless. Get angry. Then write a check to COMPAC so they can represent you in the process. Then vote. Always vote.

Dig deep, become a political activist and support the system that supports you. Oh yes, if you would like to become more active then become familiar with the issues, meet the candidates, go to the caucuses, run for delegate to a partisan political convention or run for office yourself. Your friends who benefit from your activities probably won't take any notice, but you'll be happy, knowing you made a difference on their behalf. **C/M**



Time To Make A Difference!

All 65 seats in the House of Representatives and half of those in the Senate will be up for election this year! A little influence can go a long way with the right candidate. Colorado Medical Political Action Committee (COMPAC) knows how. Call (303) 779-5455 or 1-800-654-5653 for more details.

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*Donald Parsons, MD, Chairman, Council on Legislation
with
Sue Ellen Quam, Director, Department of Government Relations,
and
Lorraine Koehn, Program Manager/Lobbyist*



The 1990 legislative session will soon be history and candidates for re-election will be on the campaign trail. Sometimes we wonder why - the pressures placed on Colorado legislators are intense and the 120-day limit on the time the legislature is in session has only magnified those pressures.

The CMS Council on Legislation has addressed more high-priority bills than ever before in history. A summary of the #1 priority bills follows. You may refer to the February issue of Colorado Medicine for a complete description of the bills or contact your Department of Government Relations (779-5455 or 1-800-654-5653) for a detailed list of all bills followed by CMS.

SB 11, Regulation of the Practice of Podiatry (DeNier) - Passed

SB 25, Creation of an Ambulatory Health Care Program for Low-Income Children (Hopper), is awaiting action in the Senate Appropriations Committee.

SB 63, Creation of the Colorado Uninsurable Health Insurance Plan (Traylor): Since there is a financing provision which requires taxation, a companion bill (HB 1305) has been introduced in the House of Representatives. Both bills are awaiting consideration in appropriations committees.

SB 68, Limitations on Tort Actions Under the "Colorado Auto Accident Reparations Act", has been amended and passed.

SB 89, Establishment of Comprehensive Education Programs for

The CMS Council on Legislation has addressed more high-priority bills than ever before in history.

Preschool and Kindergarten and Grades 1-12 (Wham), is awaiting action in Senate Appropriations.

SB 130, Colorado Health Policy Council (Traylor), went down to defeat in the House Health Education, Welfare and Institutions (HEWI) committee.

SB 154, Professional Licensing Contingent on Compliance with Child Support Orders (Hopper), passed the Senate and is awaiting action in the House Judiciary and Appropriations committees.

SB 157, Authority of the State Department of Health to Control HIV Infection (Wham), passed the Senate, and was amended in the House. The amended version establishes a one-year pilot program with two anonymous testing sites - one in Boulder and one in Denver. The Senate will be considering the House amendment. At present it appears that this bill will go to conference committee.

HB 1020, Uncompensated Health Care (Pankey), was defeated on second reading on the House floor.

HB 1021, Concerning the Medically Indigent Health Care Program (Pankey), passed the House and has

been referred to the Appropriations committee by the Senate HEWI committee.

HB 1034, Provision of Health Services to the Medically Indigent and Authorizing a Voluntary Employer-Sponsored Health Insurance Pool (Taylor-Little), passed the House HEWI committee and is awaiting action in the appropriations committee.

HB 1065, Measures to Encourage the Availability of Health Care ...Conditions Applicable to Actions Against Providers Subject to the "Health Care Availability Act" (Tucker), has passed and awaits the governor's signature.

HB 1114, Direct Reimbursement for Registered Professional Nursing Services Under Health Services Plans, Contracts or Sickness and Accident Insurance Policies (Taylor-Little), is awaiting the governor's signature.

HB 1137, Provision of Special Educational Services to Three- and Four-Year Old Handicapped Children (Philips), is awaiting action in the House Appropriations committee.

HB 1138, Limitations on Civil Liability in Exchange for Providing Uncompensated Medical Care (Duke), has passed the House and the Senate HEWI committee.

HB 1170, Non-General Funded Drug Abuse Programs....Providing for Substance Abuse Programs Which are Cash-Funded or Privately Funded (Pankey), has passed

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*"The state will have a
mere 106-109 million
dollars for new programs."*

the House HEWI committee and
referred to the appropriations commit-
tee.

HB 1195, Right to Receive Payment of Direct Benefits Under the "Colorado Auto Accident Reparations Act", and Imposing Limitations Thereon Through a Reasonable Value Schedule (Owen), passed the House, but was drastically amended in the Senate Transportation Committee. The CMS strongly opposed the original version of this bill.

HB 1304, Independent Medical Examinations for Purposes of the "Workers' Compensation Act of Colorado" (Masson), is a CMS proposal which received late-bill status. It (1) directs the director of the division of labor to maintain a list of physicians, called the medical review panel, to perform independent medical examinations; (2) establishes procedures for the use of independent medical examinations; (3) grants members of the medical review panel immunity from liability in civil actions based on actions taken in their official capacity, and (4) grants immunity to physicians from liability in actions based on the determination of an impairment.

HB 1305, Creation of Uninsurable Health Insurance Plan (Taylor-Little), is patterned after SB 63. The bill was introduced because of complications with regard to requirements that taxation bills originate in the House. The bill passed the House HEWI committee and is awaiting action in Appropriations.

As we mentioned in our last report, it is estimated that the state will have a mere 106-109 million dollars for new programs so the future for the numerous bills awaiting action in appropriations committees is rather bleak.

A complete report of all bills followed by CMS will be provided in the next issue of Colorado Medicine.

LEGAL UPDATE:

LAB PAYS \$1.5 MILLION FOR IMPROPER MEDICARE/ MEDICAID REFERRALS

By **SUSAN T. SMITH**

SmithKline Laboratories paid a \$1.5 million settlement for accepting patient referrals from physicians who had an investment interest in their laboratories. In a report to Congress, the Inspector General reported successful actions against 984 such "wrongdoers" last year netting the federal government \$60.1 million. The Inspector General said Medicare/Medicaid will save \$1.3 billion this year as a result of efforts taken by the agencies to stem referrals involving conflicts of interest.

Clearly, contact by special agents or field investigators of the Office of Inspector General for Health and Human Services must be taken seriously by all healthcare providers. In this space next month we will explain the new safe harbors and rules governing physician referrals of Medicare/Medicaid patients to entities in which the physician has an ownership or investment interest.

Attorney Susan T. Smith heads the health care administration department at Pryor, Carney and Johnson, P.C., a 40-attorney Denver law firm that offers a full range of services to health care providers including medical malpractice defense, contract negotiations, Medicare/Medicaid, peer review, medical staff issues and personal legal services.

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A monthly report of current and on-going activities of the Councils, Committees and Sections of the Colorado Medical Society. None of the information herein is meant to indicate a policy or position statement of the Colorado Medical Society. This report is designed only to inform CMS members of their organization's activities and study projects at the Council, Committee or Section level.

April, 1990

COUNCIL ON COMMUNITY HEALTH ISSUES

At a recent meeting of the Council, Dr. Robert McCurdy and Nancy Salas, representing the Colorado Low Birth Weight Prevention Project, presented information accompanied by slides, concerning low birth weight (LBW) babies in Colorado. This project emphasizes prevention by addressing behavioral risks of pregnant women. It was discovered that smoking, alcohol abuse and unresolved lack of weight gain during pregnancy are significant predictors of LBW.

The estimated cost increase for LBW babies in Colorado is \$1890 per baby for a total of \$5.6 million per year. The program estimated that for immediate savings the cost:benefit ratio was \$1:1.27. Long term cost:benefit was \$1:3.97 (which did not include physician costs). The project found that 56% of LBW babies are full term. The high incidence of LBW babies is due to an excess of births between 2000 and 2499 grams and not to the high altitude.

COUNCIL ON MEDICAL SERVICE

This Council has been working on a policy statement regarding regulation of allied health professionals in Colorado. A resolution regarding this will be presented to the House of Delegates at the Interim Meeting.

Another resolution being prepared concerns emergency medical care in Colorado. This resolution will recom-

mend that CMS support a physician directed integrated system for delivery of EMS in Colorado, including a physician directed quality assurance program. It will also suggest that CMS work with the Colorado Department of health and BME to clearly define the authority of physicians who serve as physician advisors to local ambulance services.

COMMITTEE ON THE MEDICALLY INDIGENT

As the most recent meeting of the committee the topic for discussion was the restructuring of the national health care system. Cecile Rose, MD, representing Physicians for a National Health program, presented information concerning Canada's system and A. J. Kauvar, MD summarized his presentation from a recent seminar on this topic.

The Committee is also compiling a list of issues concerning the medically indigent that will be presented to the Committee on Federal Legislation for Action.

PROGRAM COMMITTEE

Preparations are being finalized for the Interim Meeting, to be held in conjunction with the *Conference on Medicine in the 90's* (formerly the Rocky Mountain States Leadership Conference) April 27-29, 1990. (See **Colorado Medicine** for March, 1990 for schedule and registration information.) The educational program

is being finalized for the 1990 Annual Meeting, to be held in Keystone, Colorado September 13-15.

MEDICARE ADVISORY COMMITTEE

The Medicare Advisory Committee continues to meet monthly with representatives from Blue Cross/Blue Shield of Colorado in an effort to gain a better understanding of Medicare regulations and how the regulations are applied to claims processing. Monthly articles will be published by CMS staff containing the latest information to aid physician medical staff.

MEDICAID PHYSICIAN COMMITTEE

The Medicaid Physician Committee heard a presentation as the last meeting regarding a Drug Utilization System which is being developed at the Health Science Center which will monitor the effective use of prescription drugs in the Medicaid program. Additional information will be published as it becomes available on this subject. The Committee is also monitoring current legislative activities pertaining to Medicaid and the Primary Care Physician Program.

COALITION ON SENIOR ISSUES

The slide presentation planned for February 20th at the Malley Senior Recreation Center was cancelled due

to weather. The program is planned for April 17, 1990. Committee members are currently reviewing basic benefit information.

CORPORATE HEALTH TASK FORCE

The Corporate Health Task Force has scheduled the second "round table discussion" with business leaders to continue the discussion of health care concerns in the business community. The meeting is scheduled for April 5, 1990. Watch for an article in the next issue defining the goals and results of these discussions.

COMMITTEE ON ACCREDITATION

Members of this committee are involved in the on-going process of accrediting organizations that provide continuing medical education within Colorado. A workshop for accredited

organizations is tentatively planned for October, 1990. The committee has recommended Council on Professional Education approval of a proposal to increase application fees. In addition the committee has been involved in developing and/or revising several procedures and policies governing accreditation. The committee will soon be reviewing the survey team report and the Application for Accreditation form.

COUNCIL ON PROFESSIONAL EDUCATION

The Council on Professional Education worked with the Committee on Accreditation to develop a new accreditation application fee schedule and to update several procedures and policies governing the accreditation process. The Council approved the educational program for the Annual Meeting which was developed with the intent of communicating to the

membership issues on which each CMS council is working. A Subcommittee on Physician-Patient Interaction has been established to evaluate existing resources and possibly develop new materials to improve physician-patient communication. Through its members, the Council continues to be involved with and to support the Colorado Personalized Education Program for Physician (CPEPP) program.

MINI-INTERNSHIP PROGRAM

The Mini-Internship Program is currently making plans for the Spring session. The metropolitan county medical societies will have their program May 14-16, 1990. In addition, rural mini-internships are being planned for six communities during that same time period. **C/M**



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Colorado Medical Society

Conference on Medicine in the 90's

INTERIM MEETING 1990

Sheraton Hotel 360 Union Blvd. Lakewood
(Union & 6th Ave.)

Thursday, April 26

6:30 p.m. Complimentary drinks and hors d'oeuvres at reduced prices offered to hotel guests by hotel in lounge

Friday, April 27

7:0 a.m.	Open CMS office	Suite 317
7:30-8:30	Const/Bylaws/BOD Reference Committee	Jefferson Board Room
8:00 a.m.	Registration Assembly Area	
9:00 - 9:30	Opening session of the House of Delegates	Golden, Bergen Park
10:15- 11:45	CMSA Board Meeting	Genesee
9:30-10:00	Coffee Break	Assembly Area
10:00 - 11:45	General Membership	Golden, Bergen Park
12:00 - 1:30	Luncheon City Lights Gov. Roy Romer	
2:00 - 3:15	General Session Paul Ellwood MD Speaker "Will Outcome Studies Affect Your Practice in the 90's"	Golden, Bergen Park
3:15-3:30	Break	Assembly Area
3:30 - 4:30	Reactor Panel*	Golden, Bergen Park
1:40-4:30	CMSA Spring General Meeting	Theatre
4:45-6:00	AMA Reception	Morrison
6:00 - 9:00	Breakout Sessions Congress of Medical Specialities HMSS Women in Medicine	Mt. Vernon Jefferson Conference Rm Red Rocks
9:00	Dessert Reception—COPIC	Morrison

Saturday, April 28

7:00	Registration Assembly Area	
7:00-8:00	Nominating Committee	Red Rocks
7:00-8:00	Reference Committee Breakfast	Mt. Vernon
8:00 - 10:00	Two Reference Committees Const./Bylaws/BOD Community Health Issues/Medical Service	Morrison Lookout Mtn.
	COFFEE IN ASSEMBLY AREA	
10:00 - 12:00	Two Reference Committees Physician/Patient Advocacy Legislation/Professional Ed.	Lookout Mountain Green Mountain
12:00- 1:30	Lunch- speaker Congressman Hank Brown	City Lights
1:30-2:00	News Conference-AMA Dr. James Todd (alternate Dr. John Kelly)	Mt. Vernon
2:00-3:00	General Session AMA Dr. James Todd (alternate Dr. John Kelly) "Will Practice Guidelines Improve Medical Care"	Golden, Bergen Park
3:00-4:00	Reactor Panel*	Golden, Bergen Park
4:00-4:30	Coffee Break	Assembly Area

- 4:30-5:30 Physician Role in Evaluation of Death and
Death Certification of Infants and Children
Dr. Harry Wilson
- 4:30-5:30 OSHA-Office Infectious Waste Management
Ms. Mary Lynn
- 6:00-7:30 Cocktails w/ hors d'oeuvres

Red Rocks

Union Square Theatre

City Lights

Sunday, April 29

- 7:00 Registration Assembly Area
- 7:00-7:30 Judicial Council
- 7:30 - 9:00 Component Society Caucus Breakfast
Arapahoe
Aurora-Adams
Boulder
Clear Creek Valley
Denver
Larimer
El Paso/Western Slope
- 9:00 - 12:00 Closing Session of the House of Delegates
- 12:00-1:00 OSC- meeting

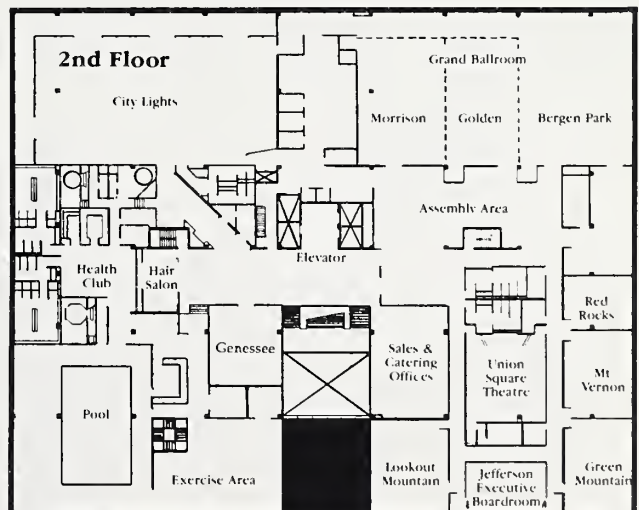
Morrison

Mt. Vernon
Jefferson Board Rm.
Suite 305
Lookout Mountain
Red Rocks
Genesee
Green Mountain
Golden, Bergen Park
Jefferson Board Rm.

* On Friday, April 27th, following the address of Paul Ellwood ("Will Outcome Studies Affect Your Practice In The '90s?"), and on Saturday, April 28th, following Dr. James Todd's address ("Will Practice Guidelines Improve Medical Care?"), a reactor panel will discuss the issues.

The reactor panel members on Friday concerning "Will Outcome Studies Affect Your Practice?" will be Mr. Fran Miller of the Colorado Business Coalition; John Tarr, M.D., Chairman of the Health Data Task Force; William Osherooff, M.D., Medical Director of HMO Colorado; Richard Hammond, M.D., of the CMS Council on Legislation.

Members of Saturday's reactor panel on "Will Practice Guidelines Improve Medical Care?" will be Robert McCartney, M.D., Chairman of the CMS Physician/Patient Advocacy Committee; George O. Thomasson, M.D., Risk Management, COPIC Insurance Company; Robert Montgomery, Esq., of Montgomery, Little, Young, Campbell & McGrew (CMS legal counsel), and; Boyd Bigelow, M.D., member, CMS Board of Directors.



Beloved Community Physician Leaving

With mixed feelings, **Robert A. O'Dell, MD**, active member of The Colorado Medical Society (CMS) for over 32 years, is leaving in June. Widely regarded as a friend by both patients and colleagues, Dr. O'Dell will be sorely missed.

Bob O'Dell speaks of his patients as friends, citing that relationship as one of the motivators that kept him in practice in the same area for more than 30 years, despite changing demographics and economic conditions. He saw his neighborhood go from the center of a thriving city to a depressed minority community. Yet the continuity of treating two or three generations of some families and helping them solve their medical problems has raised the satisfaction level considerably.

The practice of medicine has changed a lot over the years though. Dr. O'Dell says Family Practitioners such as he don't see as much work in Emergency Rooms, delivering babies or night and house calls as they once did. The specialties have changed all



that. Yet despite the depressed economy ("It's not the kind of practice where one gets rich," he says.) he has enjoyed his stay.

Dr. O'Dell cites his service as the CMS delegate to the American Medical Association as a high point in his years in Colorado but he has also served the CMS as: CMS Board Member, Key Contact, AMA Delegate - Alternate, COMPAC Member, Speaker of the House, Public Information, Mini-Internship Faculty, Committee Member, Membership Committee Member, Aurora-Adams Delegate

Organized medicine has also changed a lot over the years, says Dr. O'Dell. The CMS is more concerned with the mechanics of medical practice than with health care per se,

while specialty societies have taken up the slack in the scientific/clinical areas. That's not bad though, "The individual physician is largely incapable of coping with large governmental or regulatory agencies." He sees the state and national medical societies filling that need for representation and information.

If Bob O'Dell had his way, physicians would be able to spend more time with patients, solving their problems, rather than wrestling with business and economics all the time. Maybe that philosophy is what made him get so involved in his community. He has served as a Physician Advisor to Comitis, President of the Board of the YMCA and the Aurora Community Mental Health Center, Charter Member of Faith Presbyterian Church and the Central Kiwanis and on the Republican Precinct Committee. The admiration must be mutual because in 1989 he was given the Distinguished Service Award, Citizen of the Year by the Sertoma Club.

We'll miss you, Bob!

Thanks for 20 Years of Faithful Service



CMS President Dr. John F. Farrington made the surprise presentation February 9 of a Certificate of Appreciation to Diane LeHew, Manager of Support Services, in honor of her 20 years of service to the Society.

Who Says They Won't Pay Attention?



Fifth and Sixth Grade students at Peck Elementary School in Arvada listened closely as Leslie Capin, MD, an Aurora Dermatologist, explained the inner workings of the skin. The presentation was part of the school's 1990 Health Fair.

Better International Relations



Members of a visiting Soviet trade delegation listen as CMS President-Elect **John Sbarbaro, MD** speaks on the increasingly close relationships between the United States and the Soviet Union, especially in the area of health care technology. The Soviets, all involved in research, development and distribution of medical products in the USSR, attended a press conference at Fisher Imaging Corporation of Denver, the first American manufacturer to supply the Soviet Union with X-Ray and diagnostic equipment as a result of *Perestroika*.

Don't Retire — Recommence!

by Michael P. Thompson
Assistant Managing Editor

There are those rare people in this world who, when presented with a dilemma, steadfastly search for that elusive third alternative that others have missed. Catherine Chapman Pacheco is apparently one of those.

Fifteen years ago the author of *Breaking Patterns: Redesigning Your Later Years* could not have been described that way. She was a rather drab (by her own description) run of the mill suburban wife and mother whose children were on the verge of growing up and leaving her without too much to do. She looked forward only to the occasional dinner party to relieve the tediousness of an increasingly sedentary life as the wife of a retired businessman.

Then that businessman bought a boat. Something about the new challenges of sailing and the new people he met, made a tremendous difference in Tom Pacheco's life. Little by little, he began to lure his afraid-of-the-water wife into this new world of enchantment. They invited some of the new friends home, discovering that these vagabonds of the nautical world valued a good book or a Mozart recording more than the spacious, comfortable and secure accommodations which presented such a contrast to their own sparse lifestyles.

Mrs. Pacheco began seeking out more of these people she later began to call Pattern Breakers. "What made them different?", she wondered. "Why do many of the older ones still have their health and a zest for life that puts people half their age to shame?" As

*"I would refuse to grow old,
but I don't like the
alternative."
Anonymous*

she learned from these living examples of everything she wanted in life, she began to change.

One of the major obstacles she had to overcome was her intense fear of the water. Just being on the beach made her nervous. She determined that an unreasonable (yet real, very painfully real) fear was not going to rule her life. She set out to conquer her old enemy. How this fragile, fearful woman became the confident co-skipper of their present thirty eight foot ocean going permanent dwelling is a story you'll have to read for yourself. It's sufficient for now to know that this odyssey from fear to freedom is an analogy for the successful lifestyle she begins to lay down, an analogy she refers to time after time in explaining the exhilarating life of the Pattern Breaker.

In order to be a Pattern Breaker you have to completely break with your old, comfortable, secure ways of living, but you must also change to a new, challenging, difficult way of life. Upon retirement, people change their lifestyle all right. The once active, commanding, successful business person suddenly becomes a sedentary captain of the rocking chair. Leisure just isn't challenging enough to make life enjoyable.

Women cope better than men, she says, because even when a woman has an outside career, she usually has interests in the home which can keep her occupied to some extent. The difficulty lies in the once active mover and shaker, who either takes charge of the home like he

once did the board room or sulks in acidic passivity and wastes himself away to nothing. Is there nothing more fruitful for the retired couple than turf battles and walks in the park?

There most certainly is, according to Mrs. Pacheco. She details the life, thought and action of the Pattern Breaker, and the tremendous zeal for life which accompanies it. The thoughts and habits which make this style of retirement so superior to the usual slowdown can and should start now, (whenever now is for you) long before you are ready to change careers. Yes, that's right, change careers. You may give up a career in the business world or at home to start one in a foreign country or another type of business or a cabin high on a mountain top. Retirement means stopping. Recommencement involves starting something new.

Start something new yourself, such as this book. Finding that third alternative could change the rest of your life for the better.

Breaking Patterns: Redesigning Your Later Years, by Catherine Chapman Pacheco was published in 1989 by Andrews and McMeel, Kansas City and New York.

Concurrent Care: A Page From the Medicare Carriers Manual

Concurrent care exists where services more extensive than consultative services are rendered by more than one physician during a period of time. The reasonable and necessary services of each physician rendering concurrent care could be covered where each is required to play an active role in the patient's treatment, for example, because of the existence of more than one medical condition requiring diverse specialized medical services.

In order to determine whether concurrent physicians' services are reasonable and necessary, the carrier must decide (1) whether the patient's condition warrants the services of more than one physician on an attending (rather than consultative) basis, and (2) whether the individual services provided by each physician are reasonable and necessary. In resolving the first question, the carrier should consider the specialties of the physicians as well as the patient's diagnosis, as concurrent care is usually (although not always) initiated because of the existence of more than one medical condition requiring diverse specialized medical or surgical services. The specialties of the physicians are an indication of the necessity for concurrent services, but the patient's condition and the inherent reasonableness and necessity of the services, as determined by the carrier's medical staff in accordance with locality norms, must also be considered. For example, although cardiology is a subspecialty of internal medicine, the treatment of both diabetes and of a serious heart condition might require the concurrent services of two physicians, each practicing in internal medicine but

specializing in different subspecialties.

While it would not be highly unusual for concurrent care performed by physicians in different specialties (e.g., a surgeon and an internist) or by physicians in different subspecialties of the same specialty (e.g., an allergist and a cardiologist) to be found reasonable and necessary, the need for such care by physicians in the same specialty or subspecialty (e.g., two internists or two cardiologists) would occur infrequently since in most cases both physicians would possess the skills and knowledge necessary to treat the patient. However, circumstances could arise which would necessitate such care. For example, a patient may require the services of two physicians in the same specialty or subspecialty when one physician has further limited his practice to some unusual aspect of that specialty, (e.g., tropical medicine). Concurrent services provided by a family physician and an internist may or may not be found to be medically necessary, depending on the circumstances of the specific case. If it is determined that the services of one of the physicians are not warranted by the patient's condition, payment may be made only for the other physician's (or physicians') services.

Once it is determined that the patient requires the active services of more than one physician, the individual services must be examined for medical necessity, just as where a single physician provides the care. Of course, there are special circumstances requiring the additional care.

The carrier must also assure that the services of one physician do not duplicate those provided by another,

e.g., where the family physician visits during the post-operative period primarily as a courtesy to the patient.

Hospital admission services performed by two physicians for the same beneficiary on the same day could represent reasonable and necessary services, provided, as stated above, that the patient's condition necessitates treatment by both physicians. We would point out, however, that the level of difficulty of the service billed for may vary between the physicians, depending on the severity of the complaint each one is treating and his prior contact with the patient. For example, the admission services performed by a physician who has been treating a patient over a period of time for a chronic condition would not be as involved as the services performed by a physician who has had no prior contact with the patient and who has been called in to diagnose and treat a major acute condition.

Carriers should, of course, have sufficient means for identifying concurrent care situations. A correct coverage determination can be made on a concurrent care case only where the claim is sufficiently documented for the carrier to determine the role each physician played in the patient's care (i.e., the condition or conditions for which the physician treated the patient). If in any case the role of each physician involved is not clear, the carrier should request clarification.

The Colorado Medical Society (CMS) has contacted the carrier to find out what documentation should be on the claim to expedite processing and to assure accuracy when reviewing the claim. That information is on the following page.

Explanation of the Material from the Medicare Carriers Manual

1. List only the diagnosis that you are treating during the hospitalization.

2. Submit a modifier 75 indicating concurrent care.

3. If possible, list your subspecialty on the claim.

Information justifying medical necessity should be indicated on the claim form itself. Attachments may also be reviewed if determination cannot be made based on information submitted on the claim or contained on the Carrier's records.

Medicare Audits: 1. Concurrent Care - Identifies claims in which more than one doctor of the same specialty or subspecialty bills Medicare for in-hospital services to a beneficiary on the same date.

2. Hospital Visits - Identifies claims in which a hospitalized beneficiary is visited by physicians more than 31 times in 3 months. (This audit looks at all physicians treating a single patient.) 3. Suspend More Than One 90220 in 90 Days - Identifies claims

involving more than one comprehensive initial hospital visit to a beneficiary by the same physician in 90 days.

4. Suspend 90260 in Excess of Seven (7) Every 30 Days - Identifies claims for physician visits at the 90260 (intermediate) level of care in excess of seven in 30 days.

5. Suspend More than One Consultation in 30 Days - Identifies claims for consultative services provided to beneficiaries in excess of one per specialty in 30 days.

The Carrier informed us of a new informational field, on their provider file that will enable them to list a physician's subspecialty. This field will be informational only and will be used manually by the reviewer to adjudicate a claim. The Carrier will be notifying physicians in an upcoming Medicare Newsletter about this new capability and will be asking physicians to submit any subspecialties in writing to: Ms. Jan Popovitch Manager, Medicare Policy and Support 700 Broadway Denver, Colorado 80273

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Historian's Report

Records of Military Service Completed

It is with pleasure and some measure of relief that I report completion of the task of assembling and indexing the Military Service Records of the Society's members.

Mrs. Alan Benson was assisted in the task of indexing by Onetta Morgan of Longmont. We owe them both a debt of gratitude. (The binder has assured me that the additional volumes will be available by the time of the Interim Meeting.)

I also thank all those who responded to the questionnaire. The material documents an enormous service by physicians (voluntary and otherwise)

during five stormy decades of the nation's history. It is a record of humane effort during a time of "man's inhumanity to man." It reflects medical involvement in everything from trauma and trenchfoot in World War I to current problems in aerospace medicine.

The purpose has not been to focus on military matters, but rather on one important phase of medical service. You are probably familiar with the lines beginning, "God and the doctor we adore, in time of danger, not before." Bartlett ascribes the original of this verse to lines inscribed on an old stone sentry box in Gibraltar.

God and the soldier
All men adore
In time of trouble
And no more;
For when war is over
And all things righted,
God is neglected —
The old soldier slighted.

Henry W. Toll, Jr., MD
Historian, Colorado Medical Society

Colorado Cancer Registry



by Amy Sage

The Colorado Central Cancer Registry, a program of the Colorado Department of Health since 1968, collects, stores, analyzes and interprets data on people with cancer in the state, helping physicians in the treatment of patients.

The goals of the registry are: to monitor cancer in Colorado; determine statistical facts about diagnosis, treatment and survival; provide feedback to health professionals regarding cancer in their patients, hospitals and the state; identify areas in need of further research and program planning; and evaluate and formulate prevention, early detection and treatment efforts.

Through an agreement with 52 hospitals, 13,000 cancer cases are registered annually. The computerized database of cancer patient records contains detailed information regarding cancer site and histology (cell type), state of disease at the time of diagnosis, initial and follow up treatment methods, date of last follow up or death, demographic descriptors and information on cancer recurrences.

Approximately 90 percent of the cancer cases in Colorado residents and virtually all cases in the Denver Metropolitan area (population 1.9 million) since 1979 have been registered.

The complete nature of the data for the Denver Metro area allows the registry to calculate cancer incidence rates for the Metro area by age, sex,

"Keeping track of cancer is a public health issue and a responsibility of the state"

race and other variables. Such calculations are not possible for areas without complete cancer reporting.

The registry, which is funded by the state, participates in research studies within the Department of Health and provides data to epidemiologists searching for causes, hospital administrators developing services and legislators and public health officials planning and implementing preventive measures and screening programs. Incidence rates, case counts etc. are summarized for selected subgroups, while maintaining patient, physician and hospital confidentiality.

"Keeping track of cancer is a public health issue and a responsibility of the state," says registry director Robin Bott. "What we do helps health officials target interventions and evaluate screening programs and addresses environmental problems, like the Rocky Mountain Arsenal and Rocky Flats, helping to analyze whether there are elevated cancer rates nearby."

The registry staff's most recent publications, *Cancer in Colorado 1979-84* and *Cancer in Colorado Women 1979-85*, contained cancer incidence rates, stage distributions, survival rates and prevention informa-

tion and have been widely distributed to Colorado physicians.

An example of specific data collection underway is the smoking history of people diagnosed with lung cancer from 1987-1989. "Everybody

knows the correlation between smoking and lung cancer," says Bott, "but we are also looking at the number of nonsmokers who have developed it, to try to determine to what extent it may be environmentally related."

Through regular data collection, the registry identifies Colorado-specific trends in cancer incidence. An increased number of invasive cervical cancer cases in minority women was recently detected. That information was given to the Cancer Control Program, which is doing a statewide cervical cancer study to help determine the cause.

Thomas Vernon, MD, executive director of the state Health Department, says, "The Colorado Central Cancer Registry is a valuable data resource, used by hundreds of individuals every year in their clinical, environmental, planning and educational studies. We are happy to be able to offer this service to help physicians in their work. Without the registry, there would not be the consistency in the collection of cancer data which makes it useful and meaningful."

For more information about the Cancer Registry and its publications, call Bott at (303) 331-8289.

Information on Infant Death to be Presented

Understanding the epidemiology and causes of childhood deaths is just a beginning in the prevention of deaths in children. Incomplete or inaccurate recording of births and deaths makes the collection of accurate data impossible.

A new study, begun in 1989, to review childhood and infant deaths in Colorado has brought to light a concern that physicians are not aware of the important role they have in assuring that statistics concerning childhood deaths are accurate.

In response to this need for information dissemination, Dr. Harry Wilson, Staff pediatric pathologist at The Children's Hospital will be presenting an educational program at the CMS Interim Meeting entitled "The Physicians Role in the Evaluation of Death and Death Certification for Infants and Children". It is scheduled at 4:30 p.m. on Saturday, April 28.

Highlights of the presentation include:

- Childhood deaths in Colorado, the epidemiology and causes
- Importance of accurate information in the epidemiological studies
- Physician's traps and pitfalls when recording causes of deaths (both inside and outside a hospital setting)
- Problems unique to Colorado
- Importance of epidemiological information on birth certificates
- Review of the present childhood death review process in Colorado

Dr. Wilson was graduated from Harvard College and received his Medical Degree from the University of Chicago. He is certified in Pediatrics and Pediatric Heme/Oncology and Anatomic and Clinical Pathology. He is presently an Assistant Professor of Pathology at the University of Colorado School of Medicine.

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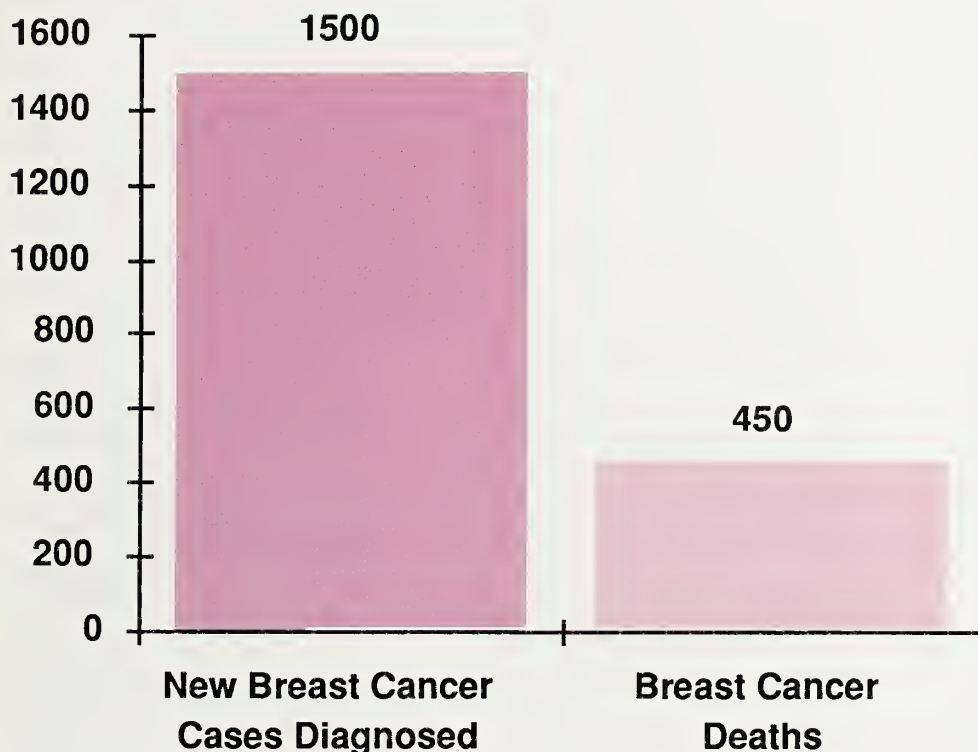
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Breast Cancer in Colorado--1989



CDH Study Asks Physicians About Breast Cancer Screening Exams

"We know that physicians' referral is an important motivator for women to obtain breast cancer screening exams," says Carole Chrvala, PhD, project director for a study being conducted by the Cancer Control Program of the Colorado Department of Health (CDH). Yet, "National data suggest that as few as 20 percent of screening eligible women have routine mammograms." The Department wants to determine the attitudes and practices of the state's physicians in this area.

Two thousand primary care physicians across Colorado have received a survey which asks questions such as,

"At what intervals do you usually order screening mammograms for certain age and risk groups?", "How many of your patients have been diagnosed with breast cancer in the past 12 months?" and "What influences you when recommending routine screening mammography, such as your patients' feelings of reluctance, radiation exposure to them, or patients' insurance status?" CDH hopes that a large number of physicians will return the survey within two weeks "to ensure that study results accurately represent the attitudes and practices of the majority of Colorado physicians."

The project is funded by a grant from the Cancer League of Colorado and has been endorsed by the Colorado Academy of Family Physicians, Colorado Society of Internal Medicine

and the Colorado Association of Obstetricians and Gynecologists. A report will be available six months after the data are collected. Call Carole Chrvala, PhD at (303) 331-8407 for more information.

Grant Money Available

Colorado Action for Healthy People (CAHP) will be funding \$40,000 in grants for injury prevention projects and a like amount for tobacco use reduction projects. Susan Hill, Director of CAHP, says "We want to help communities solve their own local health problems. Our experience in the past has shown that communities can do a lot with a small amount of seed money.

To get more information or an application, call Ms. Hill at (303) 331-8604.

Eastern Plains Diabetic Eye Disease Project

The Colorado Department of Health has seen success in the fourth year of a project to help detect diabetes related retinopathy on the Eastern Plains. "We work with health care providers to increase referrals for eye exams to optometrists or ophthalmologists in the area," says Barry Krzywicki, project coordinator. Nancy Karlin, PhD, project researcher, says "We are also able to find possible funding sources to help with exams and treatment for people who cannot afford it." For more information, call (303) 331-8298.

National Practitioners Data Bank

TITLE IV PROVISIONS

WHO *MUST* REPORT AND WHAT *MUST* BE REPORTED TO THE DATA BANK

1. Malpractice payments: Any entity (insurance company, self-insured hospital, etc.) or individual (self-insured physician or dentist, etc.) that makes a payment on behalf of any licensed health practitioner as the result of a claim or judgment for medical malpractice must report requisite data to the Data Bank and to the appropriate State licensing board(s).
2. Licensure actions: State Medical and Dental Boards must report to the Data Bank disciplinary actions taken against the license of a physician or dentist.
3. Professional review actions:

Clinical privilege actions: Hospitals and other health care entities, such as HMOs and certain medical and dental group practices must report certain adverse actions taken against a physician's or dentist's clinical privileges. These are actions based on the practitioner's professional competence or conduct which will last more than 30 days.

Society membership actions: Professional societies must report an adverse action taken against the membership of a physician or dentist when they reached that

action through a formal peer review process and when the action was based on the practitioner's professional competence or professional conduct.

WHO *MAY* REPORT AND WHAT *MAY* BE REPORTED TO THE DATA BANK

1. Hospitals and other health care entities may, if they choose to do so, similarly report adverse actions taken against the clinical privileges of licensed health care practitioners other than physicians and dentists. Professional societies of health disciplines other than medicine and dentistry may, if they so choose, similarly report adverse actions taken against the membership of these health care practitioners when they reached that action through a formal peer review process and when the action was based on the practitioner's professional competence or conduct.

WHO *MUST* QUERY THE DATA BANK

1. All hospitals must query the Data Bank every 2 years regarding physicians, dentists and other health care practitioners on their medical staffs or those to whom they have granted clinical privileges. Hospitals also must query the Data Bank when they are considering an applicant for a medical staff appointment or for clinical privileges. Hospitals may query at other times, as they deem necessary.

WHO *MAY* QUERY THE DATA BANK

1. State licensing boards may query the Data Bank regarding a physician, dentist or other health care practitioner.
2. Health care entities in addition to hospitals may query the Data Bank when they are entering employment or affiliation arrangements with physicians, dentists or other health care practitioners.
3. An attorney who has filed a medical malpractice action or claim against a hospital may query the Data Bank for information regarding a specific physician, dentist or other health care practitioner who is also named in the action. However, this information will only be disclosed if the attorney submits evidence that the hospital failed to request information from the Data Bank, as required by law, and the information may be used solely with respect to the medical malpractice action against the hospital.
4. Individual physicians, dentists and other health care practitioners may query the Data Bank concerning themselves.

SECTION 5 PROVISIONS

1. Any authority of a State responsible for the licensing of health care practitioners or health care entities must submit requisite data to the Data Bank regarding licensure disciplinary actions taken against practitioners or

entities.

GENERAL

1. Individuals on whom a report has been made to the Data Bank will routinely receive a copy of that report.
2. An individual may obtain his or her record at no cost, while others who are authorized to obtain Title IV information from the Data Bank will be charged a fee.
3. Aggregate data which do not permit the identification of any particular health care entity, patient, physician, dentist, or other health care practitioner will be available to interested persons. These data will be available about a year after the Data Bank opens.
4. The Data Bank will conduct an educational program to inform interested individuals and entities concerning the requirements of Title IV, its regulations, and procedures for filing and requesting information from the Data Bank.

The Colorado Nursing Task Force has established an office at the University of Colorado Health Sciences Center campus. The Task Force worked with the General Assembly and the Colorado Commission on higher education to develop a five year plan to strengthen the nursing profession in Colorado based on research findings. For more information, contact Colorado Nursing Task Force Program Director Marie E. Miller, PhD, RN at (303) 270-8523.

CME Endowment

The Swedish Medical Center Foundation has established an endowment fund for continuing medical education in memory of Dr. Harry M. "Mac" Muffly who died last May. Dr. Muffly was chair of the Obstetrics and Gynecology Section of the medical staff and spent thirty years in service to southwest Denver residents includ-

ing private practice. For more information, call (303) 788-6666

Ethnicity and Hypertension

The International Society on Hypertension in Black (ISHIB) will sponsor a conference on Ethnicity and Hypertension in Long Beach, CA May 3-7. In addition to 125 papers on scientific topics, the Society will issue statements on food manufacturers who over-salt food, tobacco companies who market cigarettes to high risk groups, public schools where high risk, inner city children are fed salty, fatty meals and the possibility of providing anti-hypertensive medication to indigents.

Conference speakers will include Norman Shumway, the first surgeon to perform a heart transplant in the United States; well known cardiovascular epidemiologist Jeremiah Stamler, Alex Haley, author of *Roots* and American Heart Association President Myron Weisfeldt. For more information, contact ISHIB at (404) 589-3810.

BME Licensure Malpractice Requirements

The Colorado Board of Medical Examiners has officially adopted six categories of physicians who will be considered exempt from the malpractice insurance requirements which were part of SB 143 (1988), The Health Care Availability Act. The Act requires that physicians maintain \$500,000/\$1,500,000 professional liability policies as a condition of licensure.

The BME was empowered to create exemptions to that requirement and previously exempted physicians who are permanently retired, do not engage in patient care, practice only as part of a military agency, do not engage in patient care or are covered by a commercial policy. The Board has now added an exemption for physicians who provide health care to indigent people at no charge. Call the BME at 866-2468 for more details.

Photographers: Take Note

Entries are now being accepted for the 1990 American Society of Clinical Pathologists (ASCP) Medical Photography Competition. Up to three entries may be submitted in each of three categories: gross or macroscopic, microscopic and electron microscopic. Entries will be judged on scientific merit, content, composition, quality of image and originality.

Cash prizes will be awarded for the best photographs. In addition they will be displayed at the 1990 ASCP Fall Meeting and published in *Laboratory Medicine*. Obtain an official entry form from ASCP, 2100 W Harrison St, Chicago, IL 60612, 1-800-621-4142. Deadline for submission is June 1, 1990.

Medical History Tours

Sue Weir is the the Director of an organization which conducts tours of London and the surrounding area to illustrate the history of medicine. Ms. Weir is a former nurse and has completed a year long course in medical history. She is a registered London Tourist Guide and offers the tours in half day or full day increments. Group tours can also be arranged.

For more information, contact, Sue Wier, Medical History Tours, 64 Roupell St, London, SE1 8SS, Telephone 01 928 0765.

International Relations

CMS member G. Thomas Morgan, MD has been invited to serve on the faculty of three one week conferences on sports medicine to be held in Moscow, Leningrad and Kiev. The Soviet Minister of Sports invited a group of athletic trainers and physicians to exchange the latest information on the diagnosis, treatment and rehabilitation of athletic injuries with Soviet Olympic team physicians and athletic trainers.



The AMA is mounting a far-reaching campaign—**Health Access America**—to strengthen our nation's health care system. The campaign will build on the efforts of physicians and medical societies at the national, state and county levels.

The message of **Health Access America** is that every American deserves access to our health care system. This may appear to be a simple message, but the actions necessary to make it happen are not. It will take more than banner waving and wishful thinking to bring our current health care system into proper balance. But some have a head start in reaching this goal! Many medical societies and physicians across the country have programs already in place or in the planning stages that provide access to care or offer preventive health care education.

The mission of the AMA campaign is to develop, present and work to implement a proposal that will:

- Preserve the pluralistic aspects of the current system.
- Improve access to care for all Americans for whom access is lacking.
- Continue to improve the quality of care available to all Americans.
- Be affordable for individuals and cost-effective for the nation.
- Protect the essential relationship between patients and physicians.
- Increase the level and quality of the national debate on providing health care in this country.
- Demonstrate to physicians that the AMA is taking the lead to represent

physician and patient interests and concerns in the national debate on the U. S. health care system.

- Work in the short term to convince the various interested publics that modification in our system will need to occur in an incremental fashion.

Following is the AMA's 16-point blueprint for extending access, moderating health care costs, and sustaining the Medicare program to assure proper health care for all:

1. Effect major Medicaid reform to provide uniform adequate benefits to all persons below the poverty level.
2. Require employer provision of health insurance for all full-time employees and their families, creating tax incentives and state risk pools to enable new and small businesses to afford such coverage.
3. Create risk pools in all states to make coverage available for the medically uninsurable and others for whom individual health insurance policies are too expensive and group coverage is unavailable.
4. Enact Medicare reform to avoid future bankruptcy of the program by creating an actuarially sound pre-funded program to assure the aging population of continued access to quality health care. The program would include catastrophic benefits and be funded through individual and employer tax contributions during working years. There would be no program tax on senior citizens.
5. Expand long-term care financing through expansion of private sector coverage encouraged by tax incentives, with protection for personal assets, and Medicaid coverage for those below the poverty level.
6. Enact professional liability reform essential to reducing inordinate costs attributable to liability insurance and defensive medicine, thus reducing health care costs.
7. Develop professional practice parameters under the direction of physician organizations to help assure only appropriate, high quality medical services are provided, lowering costs and maintaining quality of care.
8. Alter the tax treatment of employee health care benefits to reward people for making economical health care insurance choices.
9. Develop proposals which encourage cost-conscious decisions by patients.
10. Seek innovation in insurance underwriting, including new approaches to creating larger rather than smaller risk spreading groups and reinsurance.
11. Urge expanded federal support for medical education, research and the National Institutes of Health, to continue progress toward medical breakthroughs which historically have resulted in many lifesaving and cost-effective discoveries.
12. Encourage health promotion by both physicians and patients to promote healthier lifestyles and disease prevention.
13. Amend ERISA or the federal tax code so that the same standards and requirements apply to self-insured (ERISA) plans as to state-regulated health insurance policies, providing fair competition.
14. Repeal or override state-mandated benefit laws to help reduce the cost of health insurance, while assuring through legislation that adequate benefits are provided in all insurance, including self-insurance programs.
15. Seek reductions in administrative costs of health care delivery and diminish the excessive and complicated paperwork faced by patients and physicians alike.
16. Encourage physicians to practice in accordance with the highest ethical standards and to provide voluntary care for persons who are without insurance and who cannot afford health services.

NOTE: This information was supplied by the AMA as a part of its public announcement on March 7, 1990, of the "Health Access America" campaign.

Summary Comparison Between "Pepper Commission" Recommendations and the AMA Proposal

(WASHINGTON, D.C., 3/16/90)

Varying thrusts and distinctions between preliminary "Pepper Commission" recommendations and those of AMA'S "HEALTH ACCESS AMERICA" plan were summarized by AMA's Division of Legislative Activities.

On March 2, the U.S. Bipartisan Commission on Health Care (popularly known as the Pepper Commission) released its preliminary recommendations to Congress on how to improve access to health care and long-term care for all U.S. citizens. Its final report is expected in about eight weeks. The preliminary recommendations announced last Friday at a national press conference are subject to change. Last Wednesday AMA unveiled its Health Access America proposal for giving all citizens access to affordable, quality health care at a press conference at the National Press Conference in Washington.

Both proposals concentrate on how to restructure and enhance the nation's health care system to ensure that all individuals have access to needed health care services. Each shares some common general features—requiring employers to provide health insurance for employees and their dependents; enhancing quality of care and reducing costs through the use of professionally-developed practice parameters; and expanding medical research, for example. Beyond that, however, there are important distinctions. The Pepper Commission recommendations emphasize long-term care; call for a limited nursing home program, and also would provide social insurance for home and community-based care. The Commission further proposes creation of a public health insurance

plan that would be financed and administered primarily by the federal government, but would be funded by employer contributions, individual contributions, federal revenues and contributions by the states. The plan would provide a minimum benefit package.

By contrast, the AMA's proposal calls for Medicare and Medicaid reform; creation of state-level risk pools; amending federal tax and ERISA laws to equalize treatment of self-insured and other insurance plans and also repealing or overriding of state benefit laws.

An Ohio Congresswoman who is a member of the Pepper Commission has introduced a national health proposal with an estimated five-year price tag of \$258 billion. Rep. Mary Rose Oaker, a Democrat, said her proposal would guarantee health coverage for all citizens, provide long-term care benefits and coverage for preventive services and also finance expanded medical research. She serves on the House Select Aging, Banking, Finance and Urban Affairs and also the Post Office and Civil Service Committees.

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Letters

Retirement of Building Bonds: Oh, What A Relief It Is!

Past President says "Thank You"

Dear Sir:

I read your article on the retirement of the building bonds (*Colorado Medicine*, V. 87 No. 2, Feb. '90) with great interest and satisfaction. As the incoming CMS President in 1984, I saw we had many problems facing us, i.e., dissatisfaction in certain areas with the Executive Vice President, the issue of Freedom of Choice and then the building project began to fail. All in all, it was an eventful year.

I would like to take this opportunity to thank the many members of the Society who helped to overcome the building project failure and, in turn, save the Society. You all know who you are. You worked in silence, not requiring any praise or recognition, and your only agenda was the well-being of the Colorado Medical Society. You came to the special session of the House of Delegates, bought the bonds, and helped Kirk Douglas evaluate and then institute a plan to rectify this misadventure.

I want to say thank you to you all. The entire Colorado Medical Society and the future of medicine in Colorado owes you a deep debt of gratitude.

I remain,


Sincerely yours,

John A. Whitesel, M.D.
(President, CMS, 1983-84)

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*"Medical informatics is the field concerned with the cognitive, information processing, and communication tasks of medical practice, education, and research, including the information science and technology to support these tasks." **

Medical Informatics can be exciting or frightening, depending on how you approach it. This infant field is the subject of much speculation, argument and resistance. Yet it seems to be the future of medicine.

"Information anxiety" is the catch phrase authors Greenes and Shortliffe use to describe the "frustrations of being inundated by oceans of information, while being unable to navigate them to find specific needed information." They note, without surprise, that these frustrations are particularly acute in medical practice and education.

You realize, of course, that you, as an individual practitioner, have no choice but to learn to navigate these oceans. To ignore the ever expanding plethora of medical information is to reduce the level of patient care. If a new technology, drug, treatment or whatever is available, the standard ethics of the medical profession require you to know it and use it. In addition, in the case of an unfavorable outcome, the fact that you did not use it could severely increase your liability exposure. Of course, it also decreases your ability to compete in the same marketplace with those physicians who do use it.

The field of medical informatics is not limited to accessing data on new trends in medicine. It also includes managing the information you already have. For instance, have you really studied the effectiveness of your present billing system? Or your medical records storage and retrieval system? Your diagnostic procedures? All of these and more are included in your information management needs.

Greenes and Shortliffe trace the history of medical informatics back to task oriented technology applications such as electrocardiograms, but they also see it in the background of

"Medicine is moving into the information age, either kicking and screaming or through the directive approach..."

medical practice, in areas such as financial offices, medical record libraries, research facilities and others. Informatics has cropped up in all these disparate areas because of the need to manage and access increasingly large amounts of information. Yet, all of these are isolated, individual specializations. The physician cannot be expected to become proficient in all these disciplines.

That is why medical informatics today is moving toward a much more unified approach to information management. From one computer terminal you should be able to access the latest diagnostic information, drug interactions, research publications and other needed information, as well as your own patient records and notes. You should also be able to write a letter, or a research article or file notes on interesting cases in the same system. Your staff should access the same unified system for financial information, insurance records, orders you have given, etc. Because of the information processing capabilities of modern technology, data in any of these areas can easily be transferred into any other area and the user can switch back and forth easily.

This unified approach gives you and your staff the maximum access to the information you need to provide the highest quality care to your patients, but only if you use it. For that reason,

the system must be "user friendly". Greenes and Shortliffe talk about the graphics oriented computer systems which are becoming more and more popular. These systems are designed so that you can "point and click" rather than enter complex programming instructions. Typing is minimized and the "technophobia" of years gone by should be avoided. Some aspects of medical informatics don't include the use of a computer at all.

Medicine today is more a business than ever before. Businesses require the effective management of information. Yet the expanding universe of medical treatment itself also requires almost constant access to the latest information from a variety of subspecializations. Even the face of medical education is changing in light of this quantum change. It is literally impossible to cram into the human brain in four years everything the new physician needs to know. Medical schools are searching for a new paradigm to use in physician education.

Medicine is moving into the information age, either kicking and screaming, or through the directive approach of medical informatics. The physician who takes advantage of this will provide better care to the patient than has ever before been possible in history.

The physician who doesn't?
Well...

*Greenes, RA, MD, PhD, Shortliffe, EH, MD, PhD. Medical Informatics, JAMA, February 23, 1990; Vol 263:1114-1120. Dr. Greenes is associated with the Decision Systems Group, Department of Radiology, Brigham and Women's Hospital and Harvard Medical School, Boston MA. Dr. Shortliffe is with the Section on Medical Informatics, Division of General Internal Medicine, Department of Medicine, Stanford (Calif) University School of Medicine.

Peer Review—Immunity—Insurance Protection

There exists still in the minds of many Colorado physicians confusion as to their liability exposure—both civil and antitrust—in the performance of professional peer review. As a consequence we sense some reluctance by physicians to participate in needed peer review. The following information is provided in an effort to clarify these issues, and hopefully remove that reluctance.

Colorado Revised Statutes 12-36.5 resulted from our efforts in the 1989 legislature; these statutes extend the already solid protection against civil liability to the area of anti-competitive motives. The statute defines a broad range of professional review organizations; defines the necessary due process for review proceedings; provides for confidentiality of proceedings and records; provides immunity, including anti-trust; and establishes a committee of the BME to which aggrieved physicians must refer appeals to peer review decision.

The key immunity provisions appear at CRS 12-36.5-105.: "...shall be immune from suit in any civil or criminal action, including anti-trust actions, ...if such member made a reasonable effort to obtain the facts of the matter as to which he acted, acted in the reasonable belief that the action taken by him was warranted by the facts, and otherwise acted in good faith within the scope of such professional review committee process..." The statute further defines in some detail the "due process"

requirements which must be met by any peer review organization.

In the wake of both state and federal court decisions which seem to extend both the civil and antitrust liability of physicians involved in peer review, we feel that Colorado now has easily understood and useful statutory protection for peer review which meets the due process/good faith tests applied. It is recommended that all physicians engaged in peer review assure themselves that the organization qualifies under Article 36 or 36.5 of Title 12, that the peer review process is spelled out in the organization's bylaws, that the process is followed as specified, and that due process/good faith requirements are met.

Your COPIC professional liability insurance policy provides both indemnification and defense, to the limits of your policy, for any and all peer review wherein your conduct was in compliance with the noted statutes. The only policy exclusion in the COPIC insurance form addresses peer review conduct which is not in compliance with the statutes.

We hope this information clarifies this issue, and that you will feel more comfortable engaging in peer review activities in the future. Should you have questions, feel free to direct them to COPIC at 779-0044 (WATS 1-800-421-1834).

NOTICE! RETIREMENT WORKSHOP RESCHEDULED

The "How to Plan NOW for Retirement" workshop, originally scheduled for March 7 has been rescheduled for Thursday, May 17, 1990 at the CMS offices. Space is limited —REGISTER NOW for this valuable workshop! Registration begins at 8:30 am and the workshop will run from 9:00 am to 4:30 pm. Lunch is included in the registration fee of \$150/member, \$200/non-member. Call Lorraine Scott or Sandy Finney at 779-5455 or 800-654-5653 for additional information.

STACKS

May, 1990

Volume 87, Number 5

In this issue: Mile High News



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The thrill is gone!

The Twister, Elitch Gardens, Denver, Colorado



*K. Mason Howard, M.D.
Chairman & Chief Executive Officer*

Roller coaster rides are a thrill a second. They're supposed to be. Your malpractice insurance is not.

In the 80's, you might recall, malpractice insurance was the roller coaster ride. Copic was formed during those tough years to see if we could level the track. Formed *for Colorado physicians by Colorado physicians* . . . because when it came time to respond to the thrill, the insurers that had jumped on for the ride . . . jumped off when you needed them.

Well, we stayed. And, when you need us, there's direct contact with our people . . . no middlemen, no agents, no brokers . . . direct contact with us whatever your ups or downs. We've got the Colorado experience.

We're pretty cautious.

Kind of conservative.

We think we're right for you and that's why we say "Copic is confidence".

Looking into the 90's, we know you're going to face other roller coaster rides: with your practice, your contracts, your hospital, your family. It would be reckless of you to **buy a ticket** for another malpractice insurance ride.

The thrill is gone . . . for good.



CMS Med Fax®

AT PRESS TIME...

...a compilation of medically-related news briefs of immediate interest to the physician community occurring after **COLORADO MEDICINE** has gone to press.

CMS Med Fax®
by Montgomery Little Young Campbell and McGrew, P.C.
legal counsel to the Colorado Medical Society

April 30, 1990

TO: Health Care Organizations

FROM: Colorado Medical Society
Colorado Hospital Association

SUBJECT: Transfusion-related HIV Exposure

Following, you will find information on the risk of transfusion-related Human Immunodeficiency Virus (HIV) exposure.

Colorado Medical Society, Colorado Hospital Association and the Belle Bonfils Blood Center feel that wide dissemination of this information is critical to ensure that health care providers are aware of the potential for transfusion-related exposure for patients with transfusion histories. This information is especially important since risk for infection may not be readily identified in this population without specific questions and testing.

If there are any questions regarding the information included, please contact Ellen Stein at CMS (779-5445).

Dear Doctor:

The American Hospital Association, the Food and Drug Administration, the Centers for Disease Control, and a variety of other health related organizations have raised concerns about the potential inadvertent transmission of the human immunodeficiency virus (HIV) to and by individuals who received blood or blood products between 1977 and 1985. They have recommended that efforts be made to identify these potentially infected blood recipients.

In 1985, with the availability of HIV screening, the risk of transfusion by HIV contaminated blood was greatly diminished. However, there are rough estimates that between 1977 and 1985 as many as 27 million people may have received blood. As many as 30,000 individuals were potentially infected with HIV contaminated blood products with an estimated 12,000 people still alive and infected, many being unaware of their HIV status. While these numbers are just estimates, they serve to emphasize the potential magnitude of the problem and why many organizations are urging that efforts be made to identify potentially infected blood recipients. Identification becomes even more important as recent studies indicate that early intervention may delay the progression of HIV infection.

A subcommittee of the Colorado Medical Society AIDS Task Force, including representation from the Colorado Hospital Association and Belle Bonfils Blood Center, was developed to review these issues. They have suggested that the most reasonable approach is to alert all physicians to the transfusion-related risk and to recommend that specific inquiries be made during the taking of complete medical histories as to a patient's transfusion history. Patients who received blood or blood products from 1977 to 1985 would appropriately be screened for HIV infection.

While these suggestions are not mandatory, they would appear to follow good medical practice. We therefore recommend the inclusion of transfusions history as a standard part of all complete medical histories.

NOTE: This page is perforated at the seam so that you may remove it for your future reference.

This page of medical-legal news of immediate interest to the physician community is prepared by
Karen B. Best, Esq.
Montgomery Little Young Campbell & McGrew, PC

This is not legal advice, but is for general information only. For help with specific problems, readers should consult an attorney.

No Safety In Numbers

The old adage, "safety in numbers" does not hold true when referring to physicians who band together for the purpose of negotiating managed care contracts. Some time ago, the Colorado Attorney General's Office filed suit against a group of physicians belonging to the Colorado Union of Physicians and Surgeons (CUPS), claiming that the organization's collective bargaining activities violated antitrust laws and constituted illegal price fixing by competitors. The lawsuit claims that the negotiation of numerous managed care contracts by CUPS for its members resulted in artificially increased, fixed and controlled prices for health care services which reduced competition among CUPS members and denied consumers the benefits of free and open competition in the area of health care services.

In a recent settlement, in which CUPS did not admit to any violation of federal or state antitrust laws, CUPS agreed to permanently refrain from further collective bargaining activities on behalf of its members, in return for which CUPS was granted immunity from civil and criminal sanctions which might have been imposed.

Antitrust actions have also been filed by the Justice Department against dentists for conspiring to fix the amount of co-payment fees paid by patients who are members of four prepaid dental insurance plans in Arizona, against allergists practicing in Boston, and OB/GYN's practicing in Savannah, Georgia. The Department recently warned that it intends to continue to prosecute health professionals violating antitrust laws, even if the number of individuals involved is small, even if the market share is less than 35%, and without regard to whether the group calls itself a union or an IPA.

National Practitioner Data Bank Now in Operation

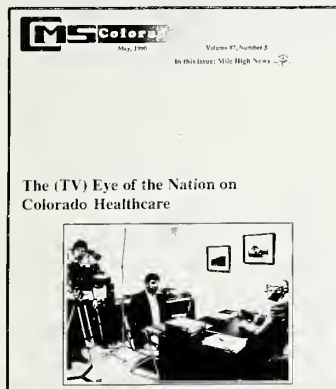
The peer review reporting requirements of the Health Care Quality Improvement Act of 1986 went into effect on April 2, 1990. Under the Act, hospitals, the Board of Medical Examiners (BME), professional societies, insurance companies, Health Maintenance Organizations (HMO's), Group Medical Practices (GMP's) and other health care practitioners who follow a formal peer review process, are required to report certain information to the data bank.

The data bank will collect information about malpractice judgments and settlements, adverse and disciplinary actions and credential information involving physicians and other health care professionals. Actions which revoke or suspend or which otherwise restrict a physician's license, actions which censure, reprimand or place a physician on probation for reasons relating to the physician's professional competence or professional conduct, and actions under which the physician's license is surrendered will be reported to the data bank.

The CMS and its component societies may obtain information provided to the data bank concerning any physician who applies for membership in the society. Hospitals are required to tap into the data bank each time a physician applies for an appointment or reappointment to the medical staff (clinical or otherwise), or for clinical privileges. HMO's and GMP's have access to the information when considering an affiliation or employment relationship with a physician, as do the BME and other health care entities.

Mentally Retarded Adults can "Just Say No" to Sterilization

The Colorado Supreme Court recently announced a new standard for deciding whether to order involuntary sterilization of certain mentally retarded adults. Before ordering sterilization, the court must be convinced that the patient is incompetent to give or withhold her consent and that her ability to make that decision is not likely to change in the future. To be considered competent, the patient must understand the nature of the court's proceedings, the relationship between sexual activity and reproduction and the consequences of the sterilization procedure. Under the new standard, it does not matter whether physicians, the court or a guardian agree with the patient's refusal to undergo sterilization. Even when the patient is represented by a legal guardian and a guardian ad litem, if there is any question about the patient's capacity to consent, the physician should refuse to perform the sterilization procedure unless ordered by the court.



Cover Story

CMS President John F. Farrington, MD spoke to representatives of the Cable NewsNetwork about issues affecting medical care in Colorado. See page 141.

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William S. Pierson, Managing Editor., Michael Thompson, Ass't. Managing Editor

John F. Farrington, MD
President, Colorado Medical Society
1989-1990



What Cookbook Do You Use?

Physicians complain that government and insurance companies are forcing them to practice "cook book medicine". Let's leave this emotional and defensive kick and begin to examine the reasons why practice guidelines and parameters are being proposed as a way to control health care costs and see how they can be used to protect high quality health care.

To ascertain whether medical and surgical services and procedures are "medically necessary" and of value to the patient, those who pay the bill -- government and business -- are looking for solutions to the problem of financing health care. To define the magnitude of the problem, consider that as a nation we spent six hundred fifty billion dollars (\$650,000,000.00) on health care in 1989.

What is our track record? According to recently published studies, not too good.

In a recent issue of the *Journal of the American Medical Association* Robert Brook, M.D., a researcher for the Rand Corporation writes "one-fourth of hospital days, one-fourth of procedures and two-fifths of medications could be done without". In another report published in the January 9, '90 issue of *Financial World* magazine titled "How Doctors Have Ruined Health Care", Lauren Chambliss and Sharon Reier allege that "up to 35% of all hospital admissions are not needed. . . some 15% to 30% of diagnostic tests don't help or are not looked at . . . 44% of bypass surgeries are unwarranted or questionable . . . 20% of pacemaker implants

are not necessary with another 36% done for ambiguous reasons".

One may question the validity of these numbers, but the fact remains that we are being looked at through an economic microscope.

Even if the case for over-utilization is overstated by 100%, there are billions of dollars being spent without demonstrable benefit to our patients.

The exact reason for these expenditures is impossible to define accurately--physician's services, hospitalizations, drugs, insurance and physician's administrative costs, durable medical equipment, ambulances, chiropractor's services, etc., etc., all are a piece of the enormous pie.

Health insurance benefit plans with low co-pays or first dollar coverage encourage patients to utilize the system, thus increasing costs, as do unions that seek yearly increases in benefits. Businesses wanting to avoid strikes have satisfied workers while extolling the need to reduce costs are also a part of the problem.

All of the blame cannot be put on the backs of any one of these groups. All of the causes must be addressed if solutions are to be found that will provide both a high quality and cost-effective system.

The questions are how can physicians address their part of the problem and how can practice guidelines and parameters solve the cost problem while maintaining the quality our patients deserve?

If developed properly, practice guidelines and parameters can be of value to our profession.

"REPORT D" of the COUNCIL ON MEDICAL SERVICES presented to the 1989 Annual Meeting of the American Medical Association reported "if properly developed and

used, such practice guidelines and parameters:

- may constitute a valuable educational resource for clinicians;
- can be used in quality assessment systems to identify those episodes of care that may merit in-depth quality review;
- may enhance cost savings by encouraging physicians to reassess their use of certain procedures and help to focus utilization and claims review activities; and
- may help reduce the incidence of inappropriate professional liability litigation.

As educational tools, practice guidelines and parameters can bring physicians up to date on changes in both the science of medicine and the socio-economics of health care delivery.

But guidelines are just that: guidelines for review - not absolute commandments cut in stone that must be adhered to by all. As a gourmet may recognize the subtle differences between a fine French recipe cooked by six different gourmet chefs on twelve occasions, the insurance industry and government must recognize that a satisfactory outcome in the treatment of a specific diagnosis rendered by six different physicians in a dozen biologically and psychologically different patients may not "taste" exactly the same.

Patients are different, react to illnesses differently, respond to specific management differently, relate to physicians differently. These differences must be recognized if we are to be held to the standard of always striving for "the best outcome" for all patients, rather than the best economic outcome.

(Continued)

Cookbook (Continued)

If practice guidelines and parameters are to be developed, they must be developed by physicians involved in patient care, not by government, the insurance industry, or just by academicians. The best mix must be a partnership between clinicians in practice and academia.

It is time for our profession to take the offensive and re-establish our leadership, professionalism and credibility for the care we provide. A growing number of specialty organizations are developing (or are studying the feasibility of developing) practice guidelines and parameters within their disciplines. I applaud their efforts.

Clinical decision-making must never be relinquished by physicians to non-professionals in government or the insurance industry, nor can we accept

only one way to treat a patient. Clinical decisions must be based on what is best for the patient rather than what is the least expensive course of treatment.

When variations in management are identified through the use of practice guidelines and parameters, they need to be looked at by peer physicians to determine why variations have occurred. If the reason is valid, so be it. If the guidelines are incorrect, imprecise, or do not reflect how contemporary medicine is practiced at that particular time, change them. Guidelines must be reviewed and updated regularly so changes in the practice of medicine can be recognized.

As organized medicine proceeds along this road, we must ask government, the health insurance industry, unions, patients and business: "What have you done to be part of the solu-

tion, rather than being part of the problem?" We must demand of those who have not taken responsible actions toward correcting their part of the problem to do so.

Yes, I use "cookbooks". I use *Harrison's Text Book of Medicine* supplemented by *The New England Journal of Medicine* and other publications. Other specialties have their own "cookbooks". We have preferred to call them textbooks. Let us not be embarrassed to admit that we use cookbooks (textbooks); let us force those who are looking at us through an economic microscope to change to a telescope and see what reality really looks like.

It is our job to care for and care about patients; it is their job to finance effective and cost-efficient care. If we work together we will succeed; if we are advocates, we will fail.

CNN Looks at the Health of Colorado's Medical Economy

Cable News Network (CNN) of Atlanta, GA, is doing a series, focusing in on Colorado and the health care economy, because Colorado represents such a diversity of health care problems and concerns (e.g., over 60% of the state's urban population is centered in a narrow 100-mile strip along the eastern slope). Colorado's general economy is not helping.

Many young physicians today readily admit having a tough time making it through their initial years of practice because of cost of doing business, difficulty in establishing a patient base and paying off educational loans. The list goes on and on.

CNN's crew saw a lot of Colorado countryside, from Boulder to Penrose (southwest) to Ordway (southeast) to numerous locations in Denver. They experienced everything from the pronghorn herds on the plains to rush-hour traffic on I-25, morning and night. The series will be aired sometime in May, nationally, on most of the 200 + affiliates of CNN's *NewSource* (KMGH-TV Ch 7 in Denver).



CNN (Cable News Network's "NEWSOURCE" team in Colorado to shoot a documentary series on the health care economy. Shown during an interview with CMS President John F. Farrington, M.D., is NEWSOURCE Producer-Correspondent Greg Agvent (seated).

*Donald Parsons, MD, Chairman, Council on Legislation
with
Sue Ellen Quam, Director,
Department of Government Relations
and
Lorraine Koehn, Program Manager/Lobbyist*



May 9th marks the 120th day of the 1990 legislative session and the adjournment date for sine die!!!

This article is being written on April 18th and the tensions among legislators and lobbyists are mounting - the availability of dollars for public programs is miniscule, and concern for maintaining federally-mandated programs is rising. It appears there is a serious shortfall in the calculations developed by the Department of Social Services. Funds designated for this department will be further impacted by the federal mandate that Medicaid services be offered to pregnant women and children under the age of six who fall into the 133% of poverty group.

The CMS priority bills which are awaiting action in appropriations committees are:

SB 25, Pilot Program for Cost Reductions in the Medically Indigent Program (Schroeder)

SB 89, Establishment of Comprehensive Education Programs for Preschool and Kindergarten and Grades One Through Twelve to Address Health Concerns and High-Risk Behaviors (Wham)

SB 154, Professional Licensing Contingent on Compliance with Child Support Orders (Hopper)

HB 1034, Provision of Health Services to the Medically Indigent and Authorizing a Voluntary Employer-Sponsored Health Insurance Pool (Taylor-Little)

"It is now time to begin thinking about becoming involved in the campaigns of candidates in your area."

HB 1137, Provision of Special Educational Services to Three- and Four-Year Old Handicapped Children (Philips)

HB 1305, Creation of the Uninsurable Health Insurance Plan (Taylor-Little)

SB 191, Licensed Health Care Professionals and....Prohibiting discrimination Against Physicians and Clarifying the Delegation of Certain Authorities to Licensed Nurses (Schroeder), is a bill introduced since our last report. The bill has two sections: (1) prohibits a medical specialty society or association of physicians or a licensed physician from discriminating against a doctor of osteopathy or a doctor of medicine with respect to membership in a society or association of physicians if the physician is otherwise qualified, and (2) includes delegated medical functions rendered by registered or other nurses within the definition of the "practice of medicine." Defines "delegated medical function".

The second section of this bill was necessary in order to legally allow nurses to carry out physician orders via verbal or written protocol.

HB 1138, Limitations on Civil Liability in Exchange for Providing

Uncompensated Medical Care (Duke) was vetoed by the governor on April 16.

You may contact the CMS Department of Government Relations for additional information on the bills included in this report or any

other bills being followed by CMS (1-800-654-5653 or 779-5455, Ext 427).

It is now time to begin thinking about becoming involved in the campaigns of candidates in your area. Many legislators who have been supportive of our positions regarding access to quality medical care for Colorado citizens will not be seeking re-election - they will be greatly missed. The candidates seeking the seats desperately need both your personal and financial support - your early involvement is extremely important!

We're proud to tell you that a former member of the CMS Council on Legislation, Pat Sullivan, MD, Greeley, is vying for the seat being vacated by Representative Dick Bond.

The CMS Council on Legislation met a total of 12 times to consider positions on health-related bills. Positions were taken on 58 bills and members of the council donated approximately 160 physician hours on your behalf. Please thank the following council members for devoting their time: Drs. Tom Canfield, Bill Curtis, Ben Galloway, Richard Hammond, Robert King, Richard Lawrence, Virginia Moore, Alan Rapp, Frank Yoder, Jeff Varnell, Louise Walker and John Yost.



Council on Physician/Patient Advocacy

The Council recently addressed issues on expert witness fees, collection of insurance data and reimbursement variations for medical services in Colorado. Three resolutions were written for presentation at the Interim Meeting in April.

Workmen's Compensation Advisory Committee

Committee members and CMS staff continue their efforts in concentrating on legislative activity involving the Worker's Compensation system.

Medicare Advisory Committee

At recent meetings, representatives from the Medicare Carrier have explained the annual Medicare reimbursement update process and reviewed information presented in the latest Medicare Newsletters. CMS staff has gathered information from the Medical Societies of Georgia and Alabama regarding Medicare reimbursement issues and this information is being studied.

Medicaid Physician Committee

The committee is currently studying issues regarding the Primary Care Physician Program and its impact on various specialties, i.e., obstetrics.

Coalition on Senior Issues

The program scheduled for February 20th was cancelled due to weather and is now scheduled for April 17th at the Malley Senior Recreation Center. The slide presentation and dialogue is titled "Communication; Its Good for your Health".

Condensed Minutes of the Board of Directors Meeting April 6, 1990

Finance Committee	Authorized sale of stock in the Likes/Perkins Fund, proceeds to be deposited in a Merrill-Lynch fund.
Appreciation	Dr. Thomas Balkany was presented a Certificate of Appreciation for his six years as chairman of the Council on Legislation.
AIDS Testing	Senator Dottie Wham spoke on SB 157. The Board endorsed the Council on Legislation's strong support of the original bill, as opposed to an amended version which allows anonymous testing.
Delegation to Nurses	The Board heard a report on a late bill concerning delegation of authority to licensed nurses and supported some provisions.
Professional Education	Certificates of Accreditation were approved for Southwest Memorial Hospital in Cortez and Parkview Episcopal Hospital in Pueblo. The rates and structure for the accreditation were revised.

LEGAL UPDATE:

Note: Federal regulators have proposed that seven additional payment practices be made exempt from the Medicare/Medicaid anti-kickback statute. We are reviewing each proposed "safe harbor" here.

WHEN PHYSICIAN MAKES REFERRAL AND PERFORMS A SERVICE

By SUSAN T. SMITH

Payments to a physician from an entity in which they have a financial interest will not violate the anti-kickback law when the physician performs "the principal professional service of their specialty" on the referred patient.

"For example, we intend to protect a surgeon who has an investment interest in an (ambulatory surgical center) where he or she is the surgeon performing the surgery on the referred patient." Other referring physicians investors who serve as "a consultant" or read test results *would not be protected*.

Services specifically mentioned by the regulators for protection include:

"Hospital services, surgery performed at an ambulatory surgical center, outpatient dialysis treatment, and diagnostic services performed by radiologists or pathologists."

Attorney Susan T. Smith heads the health care administration department at Pryor, Carney and Johnson, P.C., a 40-attorney Denver law firm that offers a full range of services to health care providers including medical malpractice defense, contract negotiations, Medicare/Medicaid, peer review, medical staff issues and personal legal services.

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Legislation Proposed to Protect Physician "Whistle Blowers"

Physicians "at-risk" when they place public safety above patient confidentiality

by Craig A. Marvinney, Esq.
Reminger & Reminger, Co., LPA
Cleveland Ohio
Special to **Colorado Medicine**

The Ohio Legislature is considering a bill (HB354) that would provide immunity for physicians when they report to a transportation employer its employees' use of drugs that compromise public safety.

The proposed amendment was prompted, in part, by a significant Ohio case in which an examining urologist felt ethically bound to report to management of a commuter airline, that one of its pilots was taking a combination of five prescription drugs to suppress occurrences of panic attack syndrome.

The pilot, who had long concealed his medical condition from Federal aviation medical examiners, sued the urologist for breach of confidentiality when his employer grounded him after receiving the physician's report. The pilot sought compensation for his lost career, essentially much of his anticipated life's earnings.

The physician placed the public safety, and that of his pilot patient, above the pilot's right to privacy in this matter.

At trial, the pilot admitted that he had repeatedly lied on FAA medical history forms and to his federal examiners in concealing the fact that he suffered from panic attack syndrome. He lied solely to be able to continue flying passenger aircraft.

Any of four of the five drugs

"It's time to ...allow physicians to protect the public from impaired operation in the public transportation industry."

prescribed by another physician, a cardiologist—himself an amateur pilot—would have automatically disqualified this pilot from flying under FAA regulations. Some of the drugs were prescribed to suppress adrenalin and hormonal secretions, other, essentially depressants, to relax the pilot and still others to control his heart rate.

Yet, here was a commuter aircraft captain who had, for several years, concealed his dangerous medical condition and then sued a courageous physician who appropriately protected the public and the pilot's own safety.

The urologist adhered to the Hippocratic oath—to preserve life—and got as his reward a painful \$400,000 lawsuit that cost him many days in court, legal fees and considerable personal stress, and lost income and patients.

The court found in favor of the physician, agreeing that his obligation to the public safety, indeed transcended that to his patient.

Without clear, protective legislation, results are not always that favorable to the informing physician. In one Ohio

case, a physician was found at fault when he advised a stewardess' supervisor of her birth control methods at that supervisor's request. The wrong person to advise, the court said. But, in a New York case, a physician reported an Air Force pilot

unfit, and was lauded by the court for providing a significant public service in helping to protect an expensive piece of public property—the aircraft, without even referring to the pilot's own life.

Ohio's House Bill no. 354, recently out of committee, would amend the Ohio Revised Code "to confer a qualified immunity from civil liability upon physicians who inform employers engaged in the business of public transportation about the use of controlled substances by their employees, and to exempt the physician from professional discipline based on breaches of the physician-patient confidentiality."

Only the State of Virginia, to our knowledge, has amended its law to provide immunity to physicians regarding this public transportation issue, and that statute only applies to aircraft pilots. The Ohio law would affect employees involved in transporting passengers via aircraft, railroad train, school or other bus, taxicab or other common passenger conveyance.

Sizable Risk Window

Estimates vary broadly on the degree to which operators of public conveyances are impaired by prescription or illicit drugs or alcohol. But, we know the problem is a large one.

At the urologist's trial, an expert witness, a former FAA medical examiner, testified that he believed "about 75% of plane crashes to be pilot error—a significant percentage of that volume of error may be induced by drug or chemical use."

National Transportation Safety Board (NTSB) statistics show 694,016 active pilots in the United States in 1988. In 1987 there were over 2,300 aircraft fatalities in the United States, most of them involving private pilots. Significant factors in causing aircraft accidents: 89.6% resulted from pilot error. The next highest factor was weather, at 38.9%.

NTSB figures also show that the most frequent human factor associated with aircraft accidents is pilot physical impairment or judgment lapses of one form or another, including those induced by alcohol or drugs. These factors affect not only those in the aircraft, but people on the ground in the vicinity of where the planes come down.

The Airline Pilot's Association, recently responding to Northwest Airlines' firing of three pilots on alcohol regulation violations, notes that any commercial pilots allowing themselves to fly in an impaired manner besmirch not only the cockpit but the entire profession itself.

Trains and Buses Also Affected

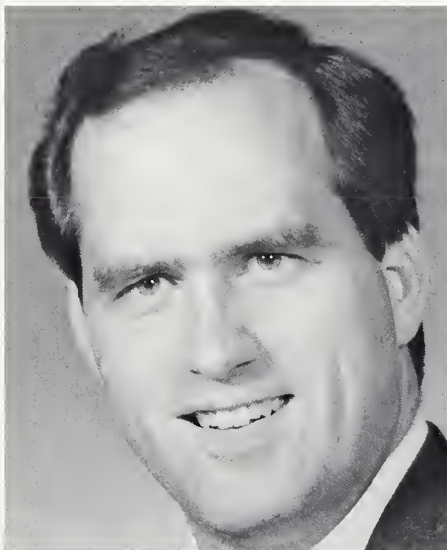
The problem is not limited to aircraft. NTSB figures show over 1,100 rail fatalities for the period 1987-1988. An AMTRAK derailment in Maryland a few years ago killed many people, due in part to train operators being under the influence of marijuana. There are 30,000 train engineers in the U.S.

There are 440,000 bus drivers in the

nation, charged with safely transporting us in and between our cities, as well as taking children to and from schools and on field trips.

Transportation Professionals Are Safety Conscious

While the vast majority of these transportation professionals—pilots, engineers and bus drivers—are conscientious about safely carrying



their passengers, our public must have protection from the remainder, an element striving to subvert our safety to their own ends, and physicians who encounter public transportation operator/employees in their examining rooms must have the shelter they need to protect this public interest.

Physicians already enjoy immunity from breach of patient confidentiality in other public interest areas, such as reporting discovery of sexually transmitted and other infectious diseases or reporting evidence of child abuse.

Let Physicians Protect

It's time to create another exception to the confidentiality doctrine to allow physicians to protect the public from impaired operation in the public transportation industry. The Ohio Bill provides a means for physicians to disclose information about such patient's use of controlled substances to those with a need to know, i.e., their employers. The physicians complying

with the public risk/benefit language of this Bill will then be immune from civil suit.

The urologist who triggered this legislative action when he informed the commuter pilot's employer several years ago testified recently before the Ohio House Committee on Civil and Commercial Law. Our physician client told the Committee that this was the first time in 20 years of practice that he had considered telling anyone about a patient's problem.

He said that, despite the difficulty, lost time and expense associated with his decision, his choice was vindicated. At trial, the pilot plaintiff admitted he had continually lied to be able to reach his ultimate career objective—flying large passenger jets for a major airline. This pilot was, in fact, on the verge of taking a position with an airline flying large jets.

Physician Lauded

In upholding the physician's decision, the Court lauded him for so looking out for the public safety and interest. The commuter airline, for whom the physician's disclosure removed a medically unfit pilot from the cockpit, never offered to assist the physician's defense in the suit, nor did it in any way compensate him for his lost time and legal fees.

The lengthy trauma and expense of trial in these situations will be eliminated by this simple Bill—a common sense bill that should be adopted by every state.

The Reminger & Reminger firm, a large portion of whose practice is devoted to defense of medical liability and malpractice cases, is urging medical societies throughout the nation to seek such protective legislation for their members.

Promoting Corporate Health

Ronald R. Loeppke, M.D., MPH

The Corporate Health Task Force was organized in the fall of 1988 at the request of Dr. Robert Hartley, President of the Colorado Medical Society at that time. The initial objective for the Corporate Health Task Force was to pull together the internal resources of the CMS membership to discuss the issues facing the physician community in relation to understanding the needs and the influence of business and industry as purchasers of health care services in Colorado. It was also designed to promote an on-going dialogue with the concerned participants and to strive toward active solutions and improvements in Colorado's health care system.

Several informal meetings were held with different representatives from business and industry and policy makers during the first year. These discussions culminated in a round table session in November 1989, with interested representatives invited to identify the perceived major problems with the health care system in Colorado, to prioritize those concerns, and then to prioritize specific solutions. In the spirit of partnership as mutual stakeholders in the Colorado health care system, the group invited to initiate that dialogue included Governor Roy Romer, Mr. Bruce Rockwell of the Colorado Trust; Mr. Don Hoaglund from the Center for Health Ethics and Policy at the University of Colorado; Mr. William Coors, Chairman, Adolph Coors Company; Mr. Fran Miller, President, Colorado Business Coalition for Health; Mr. Paul Able, Colorado Health Data Commission; Mr. Paul Miller, President, Royal Crest Dairy; Mr. Tom

"This has allowed a forum for cultivating an on-going dialogue regarding health systems solutions based on diverse perspectives rather than just sharing the rhetoric of sharply defined special interest groups."

Bouchard, Senior Vice-President, U.S. West, Inc.; Mr. Dell Hock, President and CEO, Public Service Company; Mr. Ed Robinson, President, Robinson Dairy; and Mr. Kermit Darkey, President, Mountain States Employers Council; as well as the following members of CMS: John Farrington, M.D., President; John Sbarbaro, M.D., President-Elect; Robert Hartley, M.D., Past-President; Terrance Sullivan, M.D., CMS Board of Directors; Michael Fenoglio, M.D.; and the chairmen of the following CMS committees: J. Tashof Bernton, M.D., Workmen's Compensation Advisory Committee; David Martz, M.D., Managed Health Care Task Force; Robert McCartney, M.D., Council on Physician/Patient Advocacy and Fred Abrams, M.D., Health Ethics. We recognize there are a multitude of other representatives who have equally important perspectives for system reform and improvement. We look forward to such input, but it was important to begin by building a forum for such discussions.

The top three problems and concerns identified by this group included cost of care, access to care, and quality of care. Other specific high priority concerns included (1) expectation perspectives of patients, (2) the need for increasing preventive care and

wellness strategies, (3) health care for the uninsured, and finally (4) the prioritization of health services. The key solutions included (1) development of a commission or health policy council that would be appointed by the Governor which could act as a visionary task force for health policy in Colorado, (2) continue the dialogue with an on-going commitment (3) participate in discussion of a basic benefit package for health care in Colorado, (4) participate in the discussion of criteria for quality of care and outcome assessments and (5) strategies for implementing preventive approaches in managing health risks of populations.

As physicians, we find ourselves working with informed consumers in the marketplace who look for sophisticated health care systems which attempt to track quality and efficiency. Quality of care, cost of care, and access to care are areas of interest that I am sure each of us shares in our practices. The definition of quality is a very complex aspect of health care. However, those definitions are being articulated across the United States in various degrees of appropriateness and sophistication, and our practices will be subjected to those criteria in the near future whether we feel they are appropriate or not. Therefore, one of our concerns is that as a physician community we prospectively participate in those discussions and definitions of health care quality rather than have them thrust upon the practice of medicine with little or no physician input.

There is obviously a need to share



Ronald R. Loeppke, M.D., MPH

accountability among each of those participants in the health care system when structuring solutions. An example of this shared accountability could be for corporate purchasers of health care to offer incentives for truly cost-effective, quality-driven managed health care as well as employer-driven incentives and health education for individual employees who make the effort to improve their health behaviors and reduce or manage their health risks.

The discussion by the group at that initial round table meeting in November 1989 as well as at a follow-up meeting on April 5, 1990, followed a high road of objectivity. This has allowed a forum for cultivating an ongoing dialogue regarding health systems solutions based on diverse perspectives rather than just sharing the rhetoric of sharply defined special interest groups. Often the piecemeal strategies developed in isolation are ineffective and divisive, whereas obtaining a consensus of even the second-best alternative solutions of competing viewpoints tends to be much more effective and positive. The results of these discussions have been very encouraging and stimulating for ultimately leading to solid solutions.

We are on the threshold of tremendous change and yet tremendous opportunity in the health care system, not only here in Colorado but nation-

ally. From this point forward, the Colorado Medical Society's Corporate Health Task Force plans to continue an on-going dialogue with the participants of Colorado's health care system with the focus on understanding and improving the relationship between providers, purchasers, patients, policy makers and others. Hopefully this will result in an enhancement of our health care system, an improvement of the health status of the people of Colorado, and an increase in the economic viability of the Colorado business

community, as well as an improvement in the overall quality of life in Colorado.

I would encourage those with comments or concerns regarding the Corporate Health Task Force to contact Sandi Maloney or Mary Lee Johnston at the Colorado Medical Society. We are interested in your feedback and strive to represent the best interests of the many physicians of the Colorado Medical Society in these matters.

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Guide to Retirement Security

by Michael P. Thompson
Assistant Managing Editor

Those of you who read the Retirement section in April may see the phrase "Retirement Security" as a red flag term, contradicting the Pattern Breaker image set up by Catherine Chapman Pacheco. Yet even Mrs. Pacheco and her husband Tom planned for retirement in order to have enough income to finance their present life aboard a thirty-eight foot sailboat.

Anyone who wishes to achieve that kind of success should seriously consider a resource such as "Guide to Retirement Security" from the accounting firm of Ernst & Young and the editors of Kiplinger's *Changing Times* personal finance magazine.

Onestrength of this package is that it is structured for those who are too busy to plan. You get into the material through a video which goes into the planning process and refers to an accompanying guidebook for more details. The guidebook explains the ideas presented in the video. The process can be done in a couple of hours, or broken into several smaller chunks, depending on your schedule.

The only real drawback of this package is that it is very simplified. Inflation is pegged at a constant 5%, usually only one scenario is drawn, no specific advice is given concerning types of investments. That's really not bad; it avoids the clutter of trying to cover every possibility and the guidebook contains enough detail to help you figure out how the material applies to your own situation. If you need more than that, you are better off getting professional help anyway.

Financial planning for retirement is broken down into three major categories, Pension, Social Security and Savings. You are taught how to estimate your pension income and Social Security benefits, how much income you will need to maintain your

present basic standard of living and how much you will need to save to meet that goal. The major investment areas are covered in a general way and there are sections in the guidebook giving more details on early retirement, medical insurance, long term care, wills and estate planning, taxes, and lump sum pensions.

After the main part of the video is over, there is an additional segment which takes the viewer step by step through a worksheet, applying the principles and making the estimates necessary to plan for a stable retirement income. The example given places retirement income at 80% of the income of the last 5 years of work,

but provisions are made for using a different model if you desire.

This is an excellent package, whether you already have some retirement plans in place, or have only been considering some. It provides a good framework for taking control of your financial future, and is an excellent tool for enabling that Pattern Breaker lifestyle to which you're looking forward.

"Guide to Retirement Security" may be ordered from Louise Erlick, Kiplinger Washington Editors, 1729 H Street, NW, Washington, DC 20006, 1-800-544-0155. The price is \$29.95 (\$24.95 if you're a Kiplinger Washington Letter subscriber).

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Mile High News

1989-1990 Vol. 3, Issue 5

Colorado Medical Society Auxiliary

May, 1990

Sue Kading, Editor

PRESIDENT'S LETTER



Catherine Yoder

When I accepted the presidency of the Colorado Medical Society Auxiliary I asked, "What should we as auxiliaries be doing?" and "are we on the right track to complete our goals?"

You, as individuals, and collectively as members of your county auxiliary have answered my questions by showing support of our programs with unprecedented positive actions that have surpassed goals of previous

years. I'd like to take this final column to review some of those projects and the goals achieved.

We began the 1989-90 year by resolving to study the school health curricula in Colorado. Consequently, counties were invited to study curricula in their particular area, and many have done so. We did not stop there, however, but became a member of the Colorado Coalition formed for the purpose of promoting a comprehensive school health program, K through 12. Senate Bill 89 brings this matter to the attention of the legislature for decision. While continuing to work for the passage of this important bill we are aware that we have educated ourselves, and many concerned citizens of Colorado, regarding the need for a comprehensive health education program. Such a program will bring us nearer the goal of good health for young people by arming them with appropriate education in decision making skills vital if high risk behavior is to be avoided.

The auxiliary has also participated in legislative matters as they pertain to medicine at the state and national level. And this year's Legislative Day was most successful with more legislators attending than in previous years. These private visits with legislators are important as we learn more about the legislative process and are able to relate our views regarding medical legislation. County members also gained information by visiting committee hearings and sessions in the Senate and House Chambers. Briefings at the Capitol and rapport with legislators were also possible during Capitol Hill Gang Day visits.

We all know that "the county is where the action is" and I commend all of you for the many firsts you helped accomplish this transition year. AMA-ERF will receive approximately \$4,000 more this year from Colorado for research and education for our total efforts are reaching a total of \$20,000. Our other fundraiser for the Hall of Life Health Education Center exceeded last years total by \$9,000 for a record \$31,000 to be used for scholarships and equipment for outreach classes.

More high school students were reached this year for our "Don't be a Stiff - Buckle Up and Drive Smart" contest as county auxiliaries delivered packets to more than 300 high schools in the state. A video was made and outstanding programs were designed by students to make their peers aware of this lifesaving device. The portfolios were judged recently and winners will receive their rewards at a Denver Nuggets game later this month. Vince and Larry were also helpful. With your help these "dummies" visited malls, parades and other community gatherings to bring the important "Buckle Up" message to thousands of Colorado youth and adults.

Committee and Board Meetings were well attended and work completed on schedule. The Long Range Planning Committee, this year composed of presidents-elect from our counties, set goals for this and future years. At their suggestion we will decide at the annual meeting whether the House of Delegates will continue to meet in the Fall or become our Annual Meeting in the Spring.

Regional meetings were held in the fall for the Northern, Southern and Western Regions while three joint meetings were held in the Metro Area. All were beneficial for members attending and I appreciate the support of CMSA Board Members in helping to make these meetings interesting and informative.

Health Projects completed at the county level are impressive and will be reviewed by each county president at the annual meeting. Our flow sheet must expand to include the many and varied projects. They include Blood Bank volunteers, the Bone Marrow Donor Program, GEMS, Just Say "No", Kindergarten tours through the Medical Center, Nurse and Medical Scholarships and Loans, Organella, Providing hygiene kits for schools, Seat Belt Programs, Substance Abuse, Vision Screening assistants, Infant Seat Restraints and many more. We are all

continued on next page...

proud that twelve Colorado projects have been accepted for the AMA Auxiliary Project Bank Book for next year.

AMAA Confluences were promoted around the state and a record ten county presidents attended during the year. Our job is much easier on the state level when county presidents have attended and understand "confluence language and programs."

With this in mind we embarked on one of our most exciting projects for the year. The CMSA Mini-Confluence was born and we are indebted to the CMS and COPIC for the financial assistance that made this dream a reality. The Time Management and Human Behavior Specialist who worked with us during the morning session was well received. During lunch and the afternoon we continued our "training session" with an update from the CMS president. Key board members enlightened members regarding national affairs and our own CMS auxiliary projects and news.

Earlier in the year COPIC helped plan a Retirement Seminar for auxiliaries and their spouses. This seminar was so well received by the CMS that they have patterned our seminar for their use among Colorado Medical Society Members.

News of programs and activities was brought to you through MILE HIGH NEWS. This is the third year we have

written the four colored center pages of **Colorado Medicine**. Our five issues brought news and progress reports of the various county and state projects.

It is impossible to enumerate all the accomplishments of county auxiliaries and the work done by you as individuals. You have shown great leadership and strength in your communities and proven that there are many ways for us to bring better health and education to our individual areas, the state and the nation. I think you have also shown that we are on the right track with our many goals as we assist the AMA Education and Research Foundation, work with our physician spouses on legislation and other medical issues, continue current health projects and introduce new ones for auxiliary completion at the county, state and national level. Increasing our membership is also an important goal and I encourage you to work on gaining new members for the Federation.

I have enjoyed my year as president. Your cooperation and support have been splendid and I now ask you to give that same cooperation and support to Doris Ballinger and her board for the coming year.

Catherine Gorder

AMA-ERF

Donna Whittington-Singer

Because of our member's generous contributions, county chairmen's creative efforts, and supportive state and county Presidents, AMA-ERF has a very successful year raising \$19,399.34 to date. Hopefully, Larimer County's Eastern Bloc Progressive Dinner, April 28, will bring us over the \$20,000 mark! Special recognition is due to the chairmen who have had tremendous increases in their percentage increase of funds raised over last year's totals. Bloomingdale's and Shearson Leman should hire these ladies in management positions.

Clear Creek +32% Kay Morgan
Denver +14% Marilee Charles
Fremont +184% Susan Barnard
Mesa +20% Lori Towner
Otero +45% Marjorie Smith
Pueblo +45% Lana Leonard,
Mollie McCanless, Stephanie McClung
Weld +274% Andria Welch

Pueblo County has raised \$4188.30, the highest amount of any county. This year they have successfully supported a Christmas Sharing card, the Country Store, and FOUR MEMORIAL FUNDS. President Mary Jo Ryals says that at almost every meeting they have some type of AMA-ERF fund-raiser. A quintessential group for a quintessential cause!!!

I've enjoyed meeting and working with all of you. Our jobs were not the easiest but together we made it a success! Thank you for a wonderful and fulfilling experience!



LARIMER COUNTY

LCMSA held their annual progressive dinner with an Eastern Bloc—Freedom theme on April 28. The popular event was a fundraiser for AMA-ERF.

Appetizers and cocktails were served to all participants at the home of Roger and Moon Cook. There, names were drawn for the dinner location for the evening. All party-goers reconvened at a designated house for dessert.

MEET DORIS BALLINGER CMSA PRESIDENT 1990-1991

Doris Ballinger of Denver is looking forward to serving as President of the CMSA for 1990-1991.

Since moving to Colorado she has been active in the Denver County Medical Auxiliary, chairing numerous projects and serving as President. She has been involved with three annual seminars for medical residents, students and spouses.

Doris was active in the Utah Medical Society Auxiliary as well, serving as local and state President and AMAA Western States Chairman for Health Careers.

In addition to Auxiliary activities, Doris has served on the Board of the YMCA, and been a member of the League of Women Voters, the Montview Presbyterian Church and her PEO Chapter.

Doris is married to Carter Ballinger of the University of Colorado Health Sciences Center, Department of Anesthesia. The Ballingers have five grown children and one grandson.



AMAA GUEST AT SPRING MEETING



Nancy Evans of Sparks (Washoe County), Nevada, attended the CMSA Spring Meeting in April. Mrs. Evans is currently serving as a director of the western region and as a member of the national Membership and Finance Committees.

Mrs. Evans has previously served at the national level as a member of the 1987 Nominating Committee and the 1987-88 Membership Committee. She has also served her state auxiliary as president, president-elect, and treasurer; and was president, as well as membership, AMA-ERF, and bylaws chairman for the Auxiliary to the Washoe County Medical Society.

Mrs. Evans and her husband Joseph, a family practitioner, have four children.



Congratulations!

Members of the Colorado Seatbelt Coalition from the Auxiliary met recently with Ann Callison, Communications Manager of the Seatbelt network to review packets from high schools responding to our "Buckle-Up, Drive Smart" Campaign. Ms. Callison said, "Peers helping peers to understand the life-long value of safety belt use is the way to save lives,. Thank you for your efforts.

The four winners chosen were: **First Place:** Ignacio High School, **Second Place (Tie):** Arvada Senior High School, Golden High School, **Third Place:** Thornton High School.

The awards ceremony was held before the Denver Nuggets game on Friday, April 20.

CMSA Mini-Confluence Big Success!

The first Colorado Mini-Confluence was held on March 12 at the Gardens at St. Elizabeth, Denver. Auxilians from around the state gathered for an enlightening day made possible by a grant from COPIC.

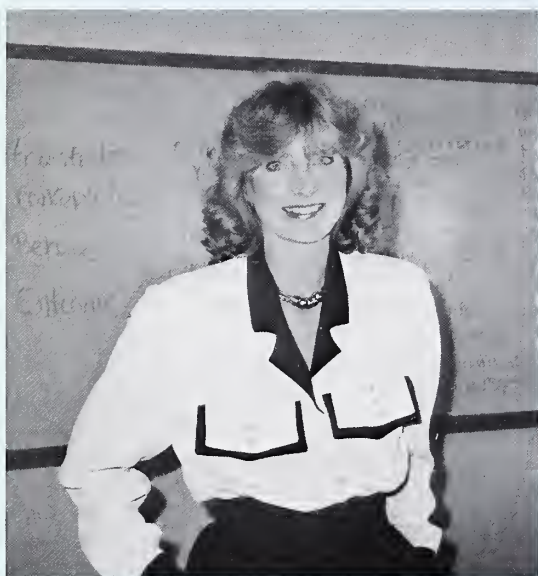
The featured speaker was Susan Wehrspann, time management specialist. Wehrspann centered her workshop on the human behavior aspects of "why people do what they do?" and "how to deal with conflict." Her communication skills and problem solving suggestions were well received by the audience.

CMS President Dr. John Farrington updated the Auxiliary on current legislation and other concerns of CMS.

A delicious luncheon was prepared by the Gardens at St. Elizabeth staff and served in a tenth floor lounge overlooking the front range.

CMSA President Catherine Yoder and other board members reported on National (AMAA) and Colorado Medical Society Auxiliary news.

President Yoder thanks the committee for their help with planning this first Mini-Confluence. She reports that the evaluation done by those attending gave the conference excellent ratings in all areas; speaker, location, format and food.



Susan Wehrspann, Human Behavior Specialist, was the featured speaker at the March Mini-Confluence.



CMS President John F. Farrington, MD addresses Mini-Confluence. Dr. Farrington updated auxilians on the 1990 Colorado Legislative session.



Auxilians attending the Mini-Confluence participate in the Human Behavior/Time Management Workshop

CALENDAR

April 27	Spring General Meeting
May	Installation of County Officers
June 24-27	Chicago AMAA Convention
July (TBA)	CMSA Joint Board Meeting
September 13-16	Keystone CMS-CMSA Fall Annual Meeting
October 14-16	Chicago AMAA Confluence

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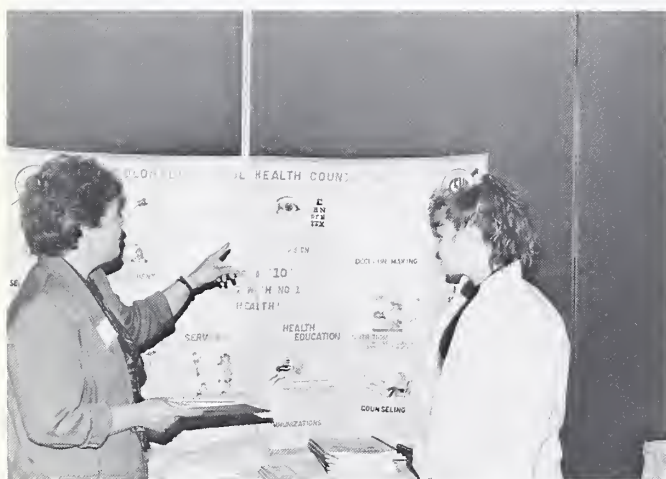
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Creating Tobacco Free Schools

Story and Photos by **Michael P. Thompson**
Assistant Managing Editor



Connie Acott, Director of the Colorado Tobacco-free Project, discusses the issues with Ranum High School Student Julie Lunbery.

The Colorado School Health Council was the primary sponsor of the 1990 Tobacco Free Schools Conference, held April 20, 1990 in Golden, Colorado. The Colorado Medical Society is a participating organization on the Council.

The conference focused on educators as the best vehicle for attaining the goal of tobacco free schools. Several school districts represented had already been able to eliminate tobacco use from their facilities, others were still in the process. Some had been able to limit smoking to only certain areas of the buildings.

Nancy Landes, President of the Council, spoke highly of the progress being made in schools to eliminate tobacco use but pointed out that there is still much work to do. She encouraged the educators to maintain their level of activism if the goal of smoke free schools by the year 2000 is to be realized.

Frank Judson, MD, Director of Denver Public Health and a Professor of Medicine and Preventive Medicine at the University of Colorado School of Medicine, was the keynote speaker. He asked, "Why should your tax dollars go to create an indoor pollution problem that your tax dollars will have to pay to solve in the form of increased ventilation and isolation?" Since educators form the lifestyles of school children through their example more than their teaching, Dr. Judson questioned

the wisdom of allowing them to smoke on school property at all, much less to encourage it through the use of non-smoking areas.

In addition to the speakers, who represented a variety of perspectives, from Frederick Y. Yu, Attorney at Law to Laurie Harken, MD of the American Cancer Society and a host of educators from around the state, the conference featured display booths from organizations working to combat smoking. A variety of audio-visual materials were presented, along with strategies to use them in the fight against smoking.

In addition to other anti-smoking efforts, the Colorado Medical Society supports the *Smoke Free Society by the Year 2000* campaign and the establishment of a "smoke free school environment for the health and safety of the students and teachers."



Frank Judson, MD told the assembled educators that tobacco use is our nation's number one drug problem and should receive more attention in the "War on Drugs".

For more information on the Colorado School Health Council, contact Nancy Landes at PO Box 61378, Denver, CO 80206 (303) 343-8310. For details on CMS efforts against smoking, call Ellen Stein, Director of Health Care Policy, (303) 779-5455 or 1-800-654-5653.



by Ann J. Lockhart

A new report from the Colorado Department of Health says every dollar invested in preschool education and early intervention services for the estimated 5,350 children born in Colorado each year with birth defects of developmental disabilities results in significant savings.

Colorado keeps track of these children through a Registry for Children with Special Needs, which became operational in 1989. It includes children whose birth defect of developmental disability was diagnosed after January 1, 1989. Children are identified through existing computerized sources of information such as hospital records and birth certificates.

A central registry offers a number of advantages, says Amelia Ms. Stenslien of the state Health Department's Disease Control and Environmental Epidemiology Division. "The registry will provide accurate statistics showing the number of children and where they live. It will also help prevent secondary disabilities by linking children and families with early therapies and services to save tax dollars later and ensure that these children ultimately become productive citizens. A registry will help in the evaluation of intervention programs and identification of risk factors, so that researchers can prevent future developmental disabilities."

"However," says Ms. Stenslien, "many Colorado children with special needs are not identified and connected with community services early when intervention is most effective. The early intervention services prevent the disabilities from becoming more severe and may prevent secondary



handicaps."

"Also, children who are identified early have difficulty obtaining services due to the maze of agencies, regulations, eligibility requirements and programs," she said.

Physician participation and coordination for referral to early intervention services is always encouraged. If a referral is made, the state Health Department requests permission from the parents to notify the physician. A letter is then sent to the doctor saying the child was referred and to which program.

"This program attempts to enhance coordination among medical, educational and social service providers," says Ms. Stenslien.

Physicians can also directly report children with special needs. A reporting form will be mailed to pediatricians, family practitioners and general practitioners this spring. Or, to request a form or report a child, call (303) 331-8330.

The registry allows for epidemiological monitoring and prevention

intervention by the Department of Health and accurate, aggregate statistics to plan rational, cost-effective programs.

Confidentiality and family privacy are protected by the data bank. As a secondary holder of data, the registry has a stricter confidentiality protocol than many of the original sources.

"More than 5,000 children per year are expected to have birth defects and developmental disabilities associated with hereditary, prenatal, perinatal and postnatal factors," says Ms. Stenslien.

The "Colorado's Children with Special Needs" report says one study showed a savings of \$2,150 per child with a handicapping condition over a three year period resulting from a preschool program. Two similar studies also showed savings from the reduced need for special education services, projected increases in lifetime earnings and projected increased incomes for parents freed up to work.

"For Colorado, this could mean a savings of more than \$11.6 million for the children with birth defects and developmental disabilities," says Ms. Stenslien.

The state Health Department, in conjunction with the Department of Education, conducted the study of Colorado's children with special needs in response to House Joint Resolution 1023 passed by the legislature last year. The report recommends that the legislature create an ad hoc task force to explore long term, stable funding for the Colorado Registry for Children

continued on following page...



Department of Health...

(from previous page)

with Special Needs. It also recommends that confidentiality statutes be studied to determine if the state Departments of health, Education, Social Services and Institutions, which provide services for these children, can share information on children. The agencies hope to collect accurate information, while avoiding duplication, which should save tax dollars as well.

About 10 percent of all children born in Colorado have a birth defect or developmental disability, based on national figures. The cause of up to two thirds is unknown. Four factors contribute to these problems:

- Hereditary factors include genetically linked abnormalities causing cystic fibrosis, Tay Sachs disease and sickle cell anemia; chromosomal linked conditions such as Down Syndrome; and inborn metabolism errors such as phenylketonuria (PKU).
- Prenatal factors include maternal nutrition, diseases, infections, use of alcohol, tobacco and other drugs; age; and various environmental or occupational factors that can harm a developing fetus.
- Perinatal factors include low birth weight, prematurity, stroke seizures and asphyxia at birth.
- Postnatal factors include infections, toxic substances, inadequate nutrition, child abuse and neglect, injuries and psychosocial influences.

Of the known causes, many are preventable, Ms. Stenslien said. For example, if the pregnant mother stops drinking, Fetal Alcohol Syndrome, which causes mental retardation and other complications, can be prevented. For a copy of the study, call Ms. Stenslien at (303) 331-8330.

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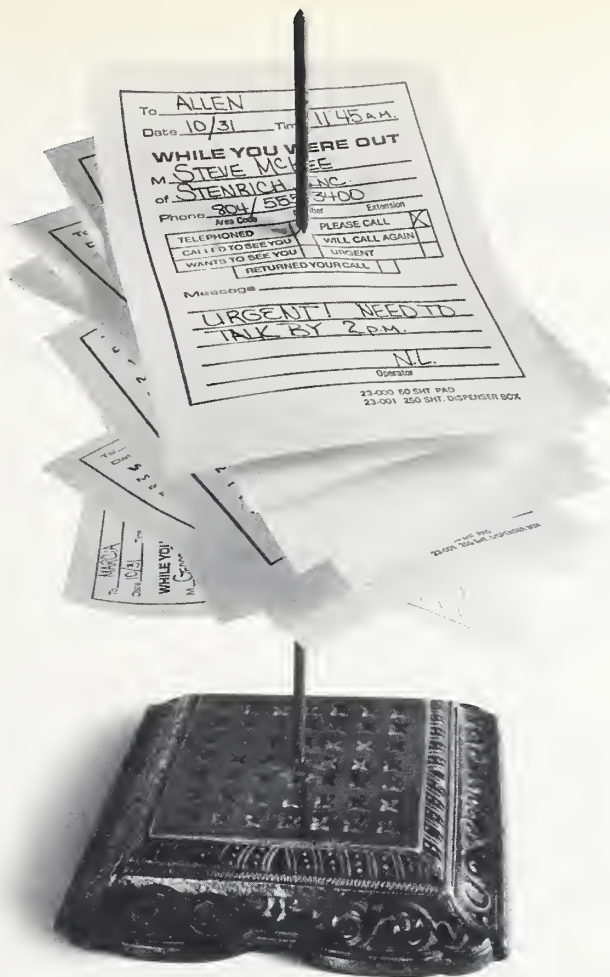
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Task Force Urges Physician-Patient Communication

The Colorado Prescription Drug Abuse Task Force has issued a statement strongly urging physicians to communicate with their patients, especially concerning prescription medications. "Patient education is the responsibility of all health care providers," according to the statement, issued by the Education Committee.

The statement notes an incident in which a physician wrote "OD" on a prescription for a hospital patient to indicate that it should be given to her "On Departure." As she was being discharged however, she was told to take all ten tablets in the bottle as "One Dose." Four hours later, she was in the Emergency Room with a drug "Over Dose."

Communication between the physician and the patient cannot be overemphasized here. The statement urges all patients to ask questions about prescriptions and make written notes if necessary, then check these instructions against the instructions received from the pharmacist. Not all patients will do this, so the burden often falls on the physician to make certain the patient understands instructions.

The issue of physician-patient communication is certainly not limited to prescription drug use (although the statement notes that the majority of patients leave an office visit with at least one prescription). How well a physician communicates with a patient (from the patient's perspective that is) can be determinative in the success or failure of treatment. If a patient perceives the physician as lofty and uncommunicative, he or she will be far less likely to cooperate with the treatment program and thus gain relief.

The Task Force made specific recommendations for the physician who explains a prescription to the

patient. (see box)

The Colorado Prescription Drug Abuse Task Force exists to prevent the

diversion, abuse and misuse of prescription drugs in Colorado. Call (303) 832-5068 for more information.

Items that may need to be covered when explaining a prescription include:

- Generic drug name and other names for the drug
- Why the drug was prescribed
- How and when the drug should be taken
- Proper storage
- Special Precautions
- Any effects of concurrent alcohol or tobacco use
- Dietary precautions
- What to do if a dose is missed
- Side effects (minor or severe) and what should be done if they occur
- If there are any questions, or if something doesn't make sense, *ask questions!*

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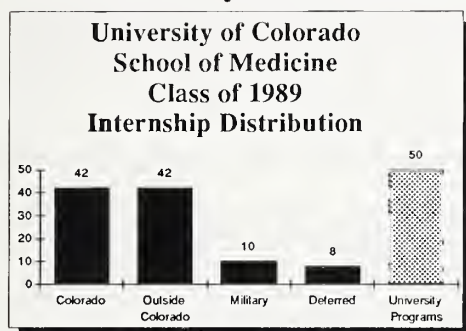
Please call for more information,
(303) 371-6508

8480 Tower Road

Commerce City, Colorado 80022

M^edical School Releases Enrollment Statistics

CMS credited with helping raise minority enrollment

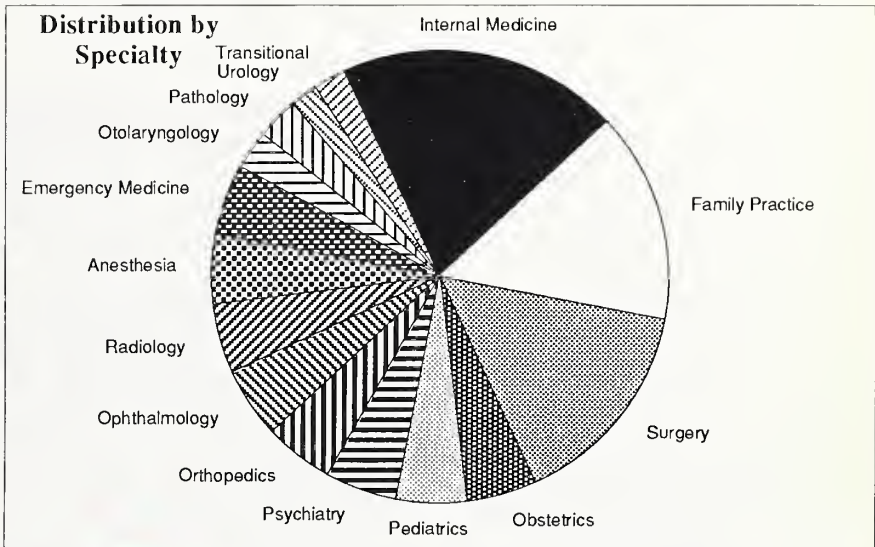


There were 128 graduates of the University of Colorado School of Medicine this year, according to recent information released by the school. Almost all of them entered as Colorado residents. Forty two percent of the 1990 graduates are women and the class ranges in age from 24 to 44. Almost half the graduates are married and many of these marriages occurred during medical school. In addition, about a quarter of the graduates now have children, most of whom were born during their parents' stay in medical school. (Several students have deferred internship because of babies expected shortly.)

Despite the high number of women, the class of 1990 is under represented in other minority classifications. The level of the school overall is much higher and school officials credit recruiting efforts by the School of Medicine and the Colorado Medical Society.

About half of the students will remain in Colorado for their internships and officials predict that around half of those who go elsewhere will return to Colorado to practice.

See the accompanying charts for information on specialty distribution and locations of internships.



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C lear Creek Valley Looks to the Future with Medical Informatics

The Clear Creek Valley Medical Society has announced the "First Medical Office Automation Computer and Medical Expo", to be held May 9, 1990 at the Viscount Hotel. Local companies will display medical office services and products ranging from computers, medical software, billing services, personnel placement, instruments and furniture to paging, copy & FAX machines, Cellular phones, financial services, practice management, home health services and more.

The Expo is being conducted as a member benefit of Clear Creek Valley

Medical Society in conjunction with their regular monthly meeting. For

more information contact Rene Hawthorne-Shriver, (303) 242-1428.

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by George S. Conomikes

George S. Conomikes is President of Conomikes Associates, Inc., a practice management consulting firm headquartered in Marina del Rey, California. They also conduct practice management workshops

Practice Productivity: Reducing Your Collection Costs

"My collections rate is 95%," says one GP.

"Gee, mine is only 90%," says his OB/GYN neighbor.

Yet, that GP and that OB/GYN practitioner didn't count two things:

1. The cost of collecting.
2. How long their money was tied up.

If it costs you 3% of your gross billings to maintain a 95% collections rate and it takes you about 4 months to collect that money, then you are not much better off than the 90% collections OB/GYN man whose collections cost may run only 1% and who takes about 45 days to collect his money.

You should collect for office visits when the service is rendered. This is my opinion as well as that of my colleagues and of many experienced physicians. The logic is simple: If your office visit charge is \$30 and it takes four statements to collect at an average cost of 75 cents per statement, then two things follow:

1. It's costing you \$3.00 (or 10%) to collect your \$30.
2. You don't get your money in 120 days.

Therefore, you can significantly reduce your collections costs and increase your cash flow (get monies in faster than previously) by improved office-visit collections. How do you go about this?

1) DOCTOR INVOLVEMENT. Ask the patient to pay: "Mrs. Smith, please

pay Susan on your way out."

2) CHARGE TICKETS. Give the patient a charge slip on which you write a specific dollar charge (\$30.00 -- not a code) for the service rendered. In this way, the patient sees the charge and is more prepared to pay. A good charge slip has preprinted spaces for "office visit", "lab", "injections", etc., next to which you can write in specific dollar amounts.

3) A PLACE TO PAY. Patients are reluctant to pay at a reception window in front of other waiting patients. Have a more private counter or desk at which patients can pay and make new appointments on the way out and out of view of the reception room.

4) THE "RIGHT" EMPLOYEE AND THE "RIGHT" WORDS. The right employee is the one who can ask for money. All she has to say is: "Mrs. Smith, the charge for today's visit is \$30." If the patient says: "Bill me," your employee prepares a statement on the spot, gives it to the patient (with an envelope with your address preprinted) and says: "Mrs. Smith, we like to be paid for office visits when the service is rendered, and I know you'll remember this on your next visit. Meanwhile, here's your statement and a return envelope. This way you can send your check when you get home. Thanks a lot."

5) PREPARING THE PATIENT. I don't like signs in physicians' offices. I

do like good communications. Therefore, you might better prepare the patient by putting a boxed-in notice at the bottom of the patient information sheet you have new patients complete (name, address, name of spouse, employer, insurance companies and policy numbers). It could simply say: "OUR FEE POLICY: To help control costs, we ask our patients to pay for their office visits at the time the service is rendered".

So, increase your cash flow and decrease the cost of collecting by following the simple five steps I have outlined. Please note that... **the first step is yours.**

Practice Management and Professional Education Workshops

are being offered throughout the year by
Colorado Medical Society.
Watch your mail and
Colorado Medicine
each month for the
announcement brochures
from the
CMS Professional Services
Department

Outstanding Physicians Honored

University of Denver Awards Managed Health Care Certificate

William E G de Alva, MD, a 26 year member of the Colorado Medical Society, was awarded the Managed Health Care Certificate recently by the University of Denver's University College. The recipient must have completed 18 quarter hours of class-room study in managed care contracts, corporate health affairs, management of services and provider perspectives in managed health care.

Dr. de Alva said, "I see this certificate as being critical in a redirection of my career. It allows me to better understand the snowballing changes in health care delivery and management, and to appreciate the escalating consumerism movement."

Dr. de Alva specializes in Family Practice and Occupational Medicine in Denver and works for Cigna Health-plan in Tucson Arizona, among other positions.

Physician Recognition Awards March, 1990

(The American Medical Association recognizes the following physicians for their dedication to Continuing Medical Education. For more information on this award, contact Aurthur Osteen, PhD at (312) 645-4677.)

Robert A. Dragoo
Jack L. Mackey
Donald K. McClure
Craig A. Reynolds
Walker M. Turner

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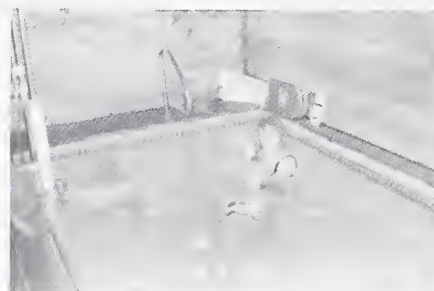
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Arlene L. Mowder, RPT, PC



Rise In Physicians' Income Surpasses Inflation

The 1989 edition of Socioeconomic Characteristics of Medical Practice, published by the AMA, reports that the median net income for physicians rose 11.1%, from \$108,000 in 1987 to \$120,000 in 1988. The average physician's income rose from \$132,300 to \$144,700, or 9.4% over the same period. By comparison, the general inflation rate for all goods and services for 1988 was 4.4%, while the price for physician services rose 7.5%.

Medico-Legal News

Presented to the Board of Directors and members of the Colorado Medical Society by Kevin J. Kuhn, Esq. Montgomery Little Young Campbell & McGrew, PC Attorneys to the Colorado Medical Society

This is not legal advice, but is for general information only. For help with specific problems, readers should consult an attorney.

What WILL You Do?—Physicians' Remedies Against Health Insurance Companies

The Situation: You are an ENT surgeon. Your customary and reasonable fee for a tonsillectomy is \$500. The surgery is both necessary and appropriate for this patient's clinical presentation. The patient is insured with "SMA" (Socialized Medicine A'comin'), a health care insurance company. SMA not only drags its feet in paying you (it takes them six months), but they also cut it in half, paying you but \$250.

As Karl Malden has so aptly phrased it in the American Express "theft" ads, "WHAT will you do? What WILL you do?"

Some Help Is On The Way: Health insurers are obligated by statute to reimburse physicians, or other

health care providers, for services rendered by the health care provider, if the policy provides for reimbursement for the service rendered. Reimbursement under such a policy may not be denied. Willful violations of the reimbursement statute subject the insurer to a \$100 fine for each violation (paid to the state), and the insurance commissioner may revoke the license of an insurer or agent for any such willful violation.

Insurers are also subject to a statute dealing with unfair methods of competition and unfair or deceptive acts or practices. Unfair or deceptive practices include failing to acknowledge and act reasonably promptly upon claims, and delaying the investigation of payment of claims, by requiring the insured or the physician to submit both a preliminary claim report and a formal proof of loss form, both of which contain substantially the same information. You cannot sue on the basis of this statute; however, the attorney general can. The insurer can be fined up to \$1,000 for each violation to an aggregate total of \$10,000 or up to \$50,000 if the violations are willful. The insurer may also have its license suspended or revoked.

Some Food For Thought: You are not a party to the insurance contract between the patient and the insurer. Therefore, you may not have "standing" to sue if you are not reimbursed. To strengthen your standing under any policy, prepare a tightly written assignment agreement that will allow you to succeed to the rights of your patient under the insurance contract. Be careful though. Agreements that "authorize payment of medical benefits to the undersigned physician or supplier for services described below," have been held to simply authorize the insurer to make payments to the health care provider, nothing more.

You may be required to prove that you and your patient intended the policy to benefit you directly. You will also need to know whether there are any provisions in the policy that prevent assignment of the patient's rights under the policy to a health care provider.

Timeliness Of Payments By Health Insurance Companies: Generally speaking, they have 60 days

continued on following page...

CMS Med Fax

from the time they receive a valid and complete claim to pay up. If they don't, they are subject to monetary penalties.

What The Insurance Commissioner's Office Had To Say About All Of This: The official position: "We are not a bill collecting agency for health care providers, but we will investigate complaints of unfair practices of deceptive acts." It is probably best to put complaints in writing if you intend to bring them to the attention of the insurance commissioner, emphasizing any unfair practices or deceptive acts by the insurer. The complaint can be drafted by legal counsel, if the circumstances warrant that type of involvement.

What Is Medicare Doing Now????

The Physician Services Department of the Colorado Medical Society (CMS) has prepared a summary of the Omnibus Budget Reconciliation Act (OBRA) of 1989. CMS is making the publication available to all members of the society. This booklet will assist physicians and their office staff when trying to understand changes that will be occurring within the Medicare Program. To receive a free copy of "What Every Colorado Physician Should Know About OBRA 1989" please write or call:

Ms. Edie Register Medicare Program Manager
Colorado Medical Society
5575 DTC Parkway Suite 240
Englewood, Colo 80111
PHONE: (303) 779-5455 or 1-800-654-5653

Resource Guide Available

Copies of the recently published *Guide to Clinical Preventive Services: An Assessment of the Effectiveness of 169 Interventions*, are available for your use in the Reference Room at the Colorado Medical Society. Call (303) 779-5455 or 1-800-654-5653 for details.

CMS member Active In the Community

Carter M. Ballinger, MD, a 13 year member of the CMS, has been appointed to the Governing Board of the Neighborhood Health Program by Federico Peña, Mayor of Denver. Dr. Ballinger, active in many areas of the health care arena, was also elected chairman of the Health Committee of Inter-Neighborhood Cooperation (INC) upon which he has served for several years.

Dr. Ballinger has practiced medicine in Colorado since 1978, specializing in Anesthesiology and Medical Education. His wife Doris, is the 1990-91 President of the Colorado Medical Society Auxiliary.

Upcoming Events

International Society on Hypertension In Blacks
Ethnicity and Hypertension Conference
Long Beach, CA

May 3-7, 1990

ISHIB, (404) 589-3810

Swedish Medical Center

Conference on Women's Health Issues (featuring Sarah Brady)

Hyatt Regency—DTC

May 10, 1990

(303) 788-6666

American College of Physician Executives

National Conference of Physician Executives

San Antonio TX

May 16-19, 1990

ACPE, (813) 287-2000

AMi Saint Luke's Hospital, Denver

Contemporary Issues in Breast-Feeding

Denver Airport Hilton

May 17, 18, 1990

Nancy Spohnholts or Suzie Henderson (303) 869-1881

American College of Sports Medicine

37th Annual Meeting

Salt Lake City, UT

May 22-25, 1990

Paula Elliott (317) 637-9200



Colorado Medical Society

June 1990

Volume 87, Number 6

SPECIAL ISSUE

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Section 1

COLORADO MEDICAL SOCIETY MEMBERSHIP

- Alphabetic listing (by geographic location) of:
 - Addresses and telephone numbers (Office and Home)
 - Component Society Membership
 - Specialty Practice

This is your 1990 PHYSICIAN'S DIRECTORY. It is structured so that it will be easy to use for anyone wishing to find a referral, a physician specializing in a certain practice area (medically and geographically), that physician's practice status, CMS and component membership status. Rather than obscure codes we have provided actual component membership and specialty listings. The main listings are alphabetical by geographic location as indicated by the physician on a response card. Other listings refer to them.

Typical of the alphabetical address listings are the following points;

Following the name (which appears in bold type), is the address of the member's primary practice location, with the city and zip code. The (H) indicates a home address, city, and zip.

Phone numbers are to the right of their respective addresses unless the member indicated on the response card that a number was to be unlisted. The area code is 303 unless otherwise indicated.

Jones, Mary L, MD

10643 Ridgeway Rd

Alamosa, 81101

(H) 93 Fairway Dr

Del Norte, 81132

SAN LUIS VALLEY MED. SOC.

(719) 845-0951

(719) 846-0211

FAMILY PRACTICE

The component society of which this person is a member is indicated here.

Each physician was asked to indicate one or more specialties on a response card. Their responses are indicated here, with the primary practice specialty first. The specialty designations are those established by the AMA and used by CMS.

Section 2 of the Directory is the Mical Office Information Resource Guide, new this year. This is an invaluable reference tool, containing information on products and services of interest to the medical community, listings of hospitals and administrators, Colorado Department of Health Staff, and many other useful items. You'll find it after the tab divider following the main listings.

After these listings, there is a section devoted to listing the membership by component society of CMS. This listing appears as follows:

SAN LUIS VALLEY

This is the component Society

Jones, Mary L; Alamosa; Del Norte

This is the physician's primary practice location (as indicated on the response card). You will find the office listing and other information in the first section listed by city-town.

The next section lists all members by their specialty practice preference. Following this is the alphabetical index of all CMS members:

FAMILY PRACTICE

This is the specialty practice heading

Jones, Mary L; Alamosa; Del Norte

This indicates the cities the physician has indicated for office and/or home addresses

NOTE: When the office and home addresses are in different cities, the full listing for that physician appears under both city headings.

ALAMOSA, CO

Anderson, Sidney, MD (Ret)

809 3rd St
Alamosa, 81101 (719)589-5975
(H) 809 3rd St
Alamosa, 81101 (719)589-5975
SAN LUIS VALLEY MED. SOC.
GENERAL PRACTICE

Brinton, William T, MD

San Luis Hlth Ctr
San Luis, 81152
(H) PO Box 451
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
INTERNAL MEDICINE
INFECTIOUS DISEASES

Culp, Raymond M, MD

1847 2nd St
Alamosa, 81101 (719)589-4984
(H) 11298 Cnty Rd 14
Del Norte, 81132 (719)657-3594
SAN LUIS VALLEY MED. SOC.
PSYCHIATRY

Fay, Linda, MD

1710 1st St
Alamosa, 81101
(H) 1710 1st St
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
OB & GYNCOLOGY

Firth, Michael G, MD

1710 1st St
Alamosa, 81101 (719)589-3658
(H) 5800 Blue Spruce Ave
Alamosa, 81101 (719)589-6042
SAN LUIS VALLEY MED. SOC.
INTERNAL MEDICINE

Garcia, Elizabeth M, MD

Guadalupe Hlth Ctr
PO Box 607
Antonito, 81120
(H) PO Box 1574
Alamosa, 81101
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Gonzales, Eugene A, MD

404 Morris St
Monte Vista, 81144
(H) 2209 Clark St
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
FAMILY PRACTICE

Harrod, C Scott, MD

1847 2nd St
Alamosa, 81101 (719)589-4984
(H) 7 Mountain View Pl
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
INTERNAL MEDICINE

Judson, James N, MD

1847 2nd St
Alamosa, 81101 (719)589-4984
SAN LUIS VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Kelly, Robert R, MD

1847 2nd St
Alamosa, 81101 (719)589-4984
(H) 101 Laveta Ave
Alamosa, 81101 (719)589-6324
SAN LUIS VALLEY MED. SOC.
PEDIATRICS

Labouisse, David W, MD (Ret)

PO Box 1308
Alamosa, 81101
(H) 1402 1st St
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
RADIOLOGY

Linden, Robert A, MD

1710 1st St
Alamosa, 81101 (719)589-3658
(H) 7590 El Rancho Ln
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
INTERNAL MEDICINE

MacLeod, William A J, MD

1847 2nd St
Alamosa, 81101 (719)589-4984
(H) 4710 Sierra Vista Rd
Alamosa, 81101 (719)589-3944
SAN LUIS VALLEY MED. SOC.
GENERAL SURGERY

McAuliffe, Gregory F, MD

1847 2nd St
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
INTERNAL MEDICINE

McHugh, Robert L, MD

Alamosa Comm Hosp
Alamosa, 81101 (719)589-2511
(H) 7463 El Rancho Ln
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
RADIOLOGY

Nason, Herbert M, MD

1847 2nd St
Alamosa, 81101 (719)589-4984
(H) 78 Bell
Alamosa, 81101 (719)589-5267
SAN LUIS VALLEY MED. SOC.
FAMILY PRACTICE

Patterson, David K, MD

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(H)	2280 Norwood Ave			BOULDER COUNTY MED. SOC.		(H)	7490 Park Cir	
	Boulder, 80302	443-8472		PULMONARY DISEASES			Boulder, 80301	
	BOULDER COUNTY MED. SOC.						BOULDER COUNTY MED. SOC.	
		PEDIATRICS		Blanchet, William L, MD				PEDIATRICS
Austin, Daniel C, MD			Blanchet, William L, MD			Burrow, Claude H, MD		
	2750 Broadway St			1001 North St			2617 Broadway St	
	Boulder, 80304	440-3141		Boulder, 80304	442-8840		Boulder, 80304	449-6666
(H)	2725 Northbrook Pl			BOULDER COUNTY MED. SOC.		(H)	1720 Norwood Ave	
	Boulder, 80304			INTERNAL MEDICINE			Boulder, 80304	
	BOULDER COUNTY MED. SOC.						BOULDER COUNTY MED. SOC.	
		OB & GYNCOLOGY		Bock, S Allan, MD				PLASTIC SURGERY
Avery, John S, MD (Ret)			Bock, S Allan, MD			Burton, William V, MD		
	2750 Broadway St			3950 Broadway St			2880 Folsom St, #212	
	Boulder, 80304	440-3088		Boulder, 80304	444-5991		Boulder, 80304	444-5500
(H)	600 Kalmia Ave			BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.	
	Boulder, 80302	443-1592		PEDIATRIC ALLERGY				FAMILY PRACTICE
	BOULDER COUNTY MED. SOC.			ALLERGY				SPORTS MEDICINE
		INTERNAL MEDICINE		ASTHMA				
Balkins, A J Jr, MD			Bolles, Frank P, MD			Cadora, Donald F, MD		
	3853 N 57th St			90 Health Pk, #260			Boulder Medical Center	
	Boulder, 80301	530-4830		Louisville, 80027	673-9090		2750 Broadway St	
(H)	3853 N 57th St			(H) 515 Clover Ln			Boulder, 80304	440-3029
	Boulder, 80301	530-4830		Boulder, 80303		(H)	2209 Bluff St	
	BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.			Boulder, 80302	
		ANESTHESIOLOGY					BOULDER COUNTY MED. SOC.	DIAGNOSTIC RADIOLOGY
Baumgardner, Jan F, MD			Bolles, Gene E, MD			Carpenter, Julie, MD		
	4150 Darley Ave, #3			1000 Alpine Ave, #121			1136 Alpine Ave, #225	
	Boulder, 80303	494-3343		Boulder, 80304	447-8642		Boulder, 80304	444-4881
	BOULDER COUNTY MED. SOC.			(H) 7861 N 41st St		(H)	976 University Ave	
		OCCUPATIONAL MEDICINE		Longmont, 80501	444-7918		Boulder, 80302	
		FAMILY PRACTICE		BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.	FAMILY PRACTICE
Baumgartner, Ronald, MD			Bosley, Rex C, MD			Carsey, Eben D Jr, MD		
	2750 Broadway St			933 Alpine Ave			2111 Arapahoe Ave	
	Boulder, 80304	440-3073		Boulder, 80304	449-2730		Boulder, 80302	442-2913
(H)	803 Hawthorn Ave			(H) 1397 Cherrylake Rd		(H)	3849 Orion Ct	
	Boulder, 80304			Boulder, 80303	449-2094		Boulder, 80304	449-3041
	BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.	PEDIATRICS
		PEDIATRICS			ORTHOPEDIC SURGERY			
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(H)	695 Northstar Ct			Boulder, 80301			BOULDER COUNTY MED. SOC.	EMERGENCY MEDICINE
	Boulder, 80302			(H) 2750 7th St				
	BOULDER COUNTY MED. SOC.			Boulder, 80304				
		FAMILY PRACTICE		BOULDER COUNTY MED. SOC.				
Beck, Dennis M, MD			Brandt, David, MD			Christensen, Carole, MD		
	700 Potomac St			2750 Broadway St			2750 Broadway St	
	Rcky Mtn Emer Phy			Boulder, 80304	440-3102		Boulder, 80304	440-3141
(H)	Aurora, 80011			BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.	OB & GYNCOLOGY
	2485 Lee Hill Rd			INTERNAL MEDICINE				
	Boulder, 80302			INFECTIOUS DISEASES				
	AURORA-ADAMS COUNTY MED. SOC.							
		EMERGENCY MEDICINE		Browne, Hillary L, MD				
Bedell, Richard F, MD (Ret)			Browne, Hillary L, MD			Clark, James E, MD		
	2111 Arapahoe Ave			(H) 1440 Ithaca Dr			1000 Alpine Ave, #250	
	Boulder, 80302	442-2913		Boulder, 80303			Boulder, 80304	444-9000
(H)	285 Brookside Ct						BOULDER COUNTY MED. SOC.	UROLOGICAL SURGERY
	Boulder, 80302	443-4695						
	BOULDER COUNTY MED. SOC.							
		PEDIATRICS		Brubaker, William H, MD				
Beck, Dennis M, MD			Brubaker, William H, MD			Clark, James E, MD		
	700 Potomac St			1001 North St			1000 Alpine Ave, #250	
	Rcky Mtn Emer Phy			Boulder, 80304	442-8840		Boulder, 80304	444-9000
(H)	Aurora, 80011			BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.	UROLOGICAL SURGERY
	2485 Lee Hill Rd			INTERNAL MEDICINE				
	Boulder, 80302							
	AURORA-ADAMS COUNTY MED. SOC.							
		EMERGENCY MEDICINE						
Bedell, Richard F, MD (Ret)			Brubaker, William H, MD			Clark, James E, MD		
	2111 Arapahoe Ave			1001 North St			1000 Alpine Ave, #250	
	Boulder, 80302	442-2913		Boulder, 80304	442-8840		Boulder, 80304	444-9000
(H)	285 Brookside Ct			BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.	UROLOGICAL SURGERY
	Boulder, 80302	443-4695		INTERNAL MEDICINE				
	BOULDER COUNTY MED. SOC.							
		PEDIATRICS						

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Collins, Michael A, MD 2750 Broadway St Boulder, 80304 (H) 3851 Angelovic Ct Boulder, 80301 BOULDER COUNTY MED. SOC.	440-3073		Dart, Douglas J, MD 2750 Broadway St Boulder, 80304 BOULDER COUNTY MED. SOC. OTORHINOLARYNGOLOGY HEAD & NECK SURGERY	440-3000	Ehrlich, Alan J, MD (H) 6425 Outrigger Ct Boulder, 80301 DENVER MED. SOC.	EMERGENCY MEDICINE
		PEDIATRICS			Erfling, William F, MD 2750 Broadway St Boulder, 80304 BOULDER COUNTY MED. SOC.	440-3000 GASTROENTEROLOGY INTERNAL MEDICINE
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 9191 Grant
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 (H) 4265 Vinca Ct
 Boulder, 80304 440-3847
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 INTERNAL MEDICINE

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 Boulder, 80304 440-3000
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 RADIOLOGY

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 (H) 4535 Osage Dr
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Louisville, 80027	666-4313		Boulder, 80302			Boulder, 80304		
(H) 1121 Linden Dr			(H) 4789 Briar Ridge Tr		530-7341	(H) 5302 Gallatin Pl		
Boulder, 80304			Boulder, 80301			Boulder, 80303		
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1001 North St			877 S Boulder Rd			(H) 2888 Bluff St, #162		
Boulder, 80304	442-8840		Louisville, 80027		666-7555	Boulder, 80301		
(H) 2177 Jordan Pl			(H) 3712 Wonderland Hill Ave			BOULDER COUNTY MED. SOC.		INTERNAL MEDICINE
Boulder, 80304	442-7370		Boulder, 80304		444-5478			
BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.					
	INTERNAL MEDICINE				PEDIATRICS			
Hanley, Kevin W, MD			Hickman, Gerald M, MD			Imig, John R, MD		
PO Box 9019			4150 Darley Ave			2750 Broadway St		
Boulder, 80301	440-2074		Boulder, 80303		494-5263	Boulder, 80304		440-3153
BOULDER COUNTY MED. SOC.			(H) 1595 Blue Sage Ct		499-1595	(H) 3737 N 26th St		
	PATHOLOGY		Boulder, 80303			Boulder, 80304		
			BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.		OB & GYNECOLOGY
					FAMILY PRACTICE			
Hansen, Daniel G, MD			Higgins, Thomas, MD			Jacobson, Jacob G, MD		
2750 Broadway St			2750 Broadway St			1636 16th St		
Boulder, 80304	440-3036		Boulder, 80304		440-3216	Boulder, 80302		443-1337
(H) 3794 Orange Ln			(H) 1749 Hawthorn Pl			(H) 315 Arapahoe Ave, #201		
Boulder, 80304			Boulder, 80302			Boulder, 80302		499-9266
BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.		PSYCHOANALYSIS
	ORTHOPEDIC SURGERY				INTERNAL MEDICINE			PSYCHIATRY
Harrison, Craig A, MD			Hilberman, Mark, MD			Johnson, William M, MD		
1000 Alpine Ave, #201			2265 Knollwood Dr			2750 Broadway St		
Boulder, 80304	444-4066		Boulder, 80302			Boulder, 80304		440-3036
(H) 3885 Birchwood Dr			(H) 2265 Knollwood Dr		443-5913	(H) 2395 Meadow Ave		
Boulder, 80302	443-5834		Boulder, 80302			Boulder, 80304		447-0995
BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.		ANESTHESIOLOGY	BOULDER COUNTY MED. SOC.		ORTHOPEDIC SURGERY
	GASTROENTEROLOGY							
Harrison, Mark N, MD			Hill, James R, MD			Johns, Stephen M, MD		
2525 4th St, #203			80 Garden Ctr			2750 Broadway St		
Boulder, 80304	443-4200		Broomfield, 80020		466-1866	Boulder, 80304		440-3000
(H) 7401 Park Cir			(H) 1596 Wildwood Ln		494-5916	BOULDER COUNTY MED. SOC.		GENERAL SURGERY
Boulder, 80301	530-7327		Boulder, 80303					VASCULAR SURGERY
BOULDER COUNTY MED. SOC.			CLEAR CREEK VALLEY MED. SOC.					
	INTERNAL MEDICINE				FAMILY PRACTICE			
	NEPHROLOGY							
Harrison, Robin A, MD			Hilty, Raymond W Jr, MD			Jones, Charles G, MD		
2525 4th St			2750 Broadway St		440-3000	1136 Alpine Ave, #220		
Boulder, 80304	449-1634		Boulder, 80304			Boulder, 80304		443-2123
(H) 3920 Ogallala Rd			(H) 269 Anemone Ln			(H) 701 7th St		
Longmont, 80501			Sunshine Canyon			Boulder, 80302		443-2440
BOULDER COUNTY MED. SOC.			Boulder, 80302			BOULDER COUNTY MED. SOC.		GENERAL SURGERY
	GENERAL SURGERY		BOULDER COUNTY MED. SOC.					VASCULAR SURGERY
Hauck, Margaret E, MD			Howard, William L, MD			Jones, David W, MD		
6900 W Alameda Ave, #207			1850 Egbert St			1100 Balsam Ave		
Denver, 80226	936-7466		Brighton, 80601			Emerg Dept		N
(H) 1595 MacArthur Dr			(H) 2208 Champlain Dr			Boulder, 80304		
Boulder, 80303			Boulder, 80301			(H) 4138 Nelson Rd		440-4754
BOULDER COUNTY MED. SOC.			AURORA-ADAMS COUNTY MED. SOC.			Longmont, 80501		
	OB & GYNECOLOGY				EMERGENCY MEDICINE	BOULDER COUNTY MED. SOC.		EMERGENCY MEDICINE
Hern, Warren M, MD			Kahn, Kenneth A, MD			Kahn, Kenneth A, MD		
1130 Alpine Ave			1850 Egbert St			(H) 760 Flagstaff Rd		
Boulder, 80304	447-1361		Brighton, 80601			Boulder, 80302		
BOULDER COUNTY MED. SOC.			(H) 2208 Champlain Dr			BOULDER COUNTY MED. SOC.		ADMINISTRATIVE MEDICINE
	EPIDEMIOLOGY		Boulder, 80301					
			AURORA-ADAMS COUNTY MED. SOC.					
					EMERGENCY MEDICINE			

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Boulder, 80304 440-3055
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333 W S Boulder Rd, #1
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	Denver, 80220	322-5563		Aurora, 80014	695-8621		Denver, 80209	
	DENVER MED. SOC.			AURORA-ADAMS COUNTY MED. SOC.			CLEAR CREEK VALLEY MED. SOC.	
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	DENVER MED. SOC.						Denver, 80218	830-7858
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	Aurora, 80012	755-5070		Denver, 80206	333-5448		Denver, 80220	399-3315
(H)	2052 Krameria St		(H)	4980 E Vassar Ln		(H)	140 S Dexter St	
	Denver, 80207			Denver, 80222			Denver, 80222	355-6279
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	ALLERGY & IMMUNOLOGY							OB & GYNECOLOGY
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(H)	1420 S Jersey Way				DENVER MED. SOC.	(H)	2 Polo Club Dr	
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	DENVER MED. SOC.						DENVER MED. SOC.	
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	PEDIATRIC SURGERY			DENVER MED. SOC.				ANESTHESIOLOGY
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	2005 Franklin, #780			1839 Gilpin St			1721 E 19th Ave, #244	
	Denver, 80205	839-9000		Denver, 80218	388-4303		Denver, 80218	831-4263
	DENVER MED. SOC.		(H)	361 Race St		(H)	9856 Crestline Cir	
	PLASTIC SURGERY			Denver, 80206			Englewood, 80111	
	MAXILLOFACIAL SURGERY			DENVER MED. SOC.			DENVER MED. SOC.	
	HEAD & NECK SURGERY				ORTHOPEDIC SURGERY			PLASTIC SURGERY
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	DENVER MED. SOC.		(H)	5421 S Dayton Ct		(H)	3711 S Quebec St	
	OB & GYNECOLOGY			Englewood, 80111			Denver, 80237	
	REPRODUCTIVE ENDOCRINOLOGY			DENVER MED. SOC.			DENVER MED. SOC.	
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INTERNAL MEDICINE

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ANESTHESIOLOGY

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CARDIOVASCULAR SURGERY

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ORTHOPEDIC SURGERY
HAND SURGERY
ARTHRITIS

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CLEAR CREEK VALLEY MED. SOC. 623-7263

THORACIC SURGERY
GENERAL SURGERY
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DENVER MED. SOC.

EMERGENCY MEDICINE

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PLASTIC SURGERY

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INTERNAL MEDICINE

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(H)	111 Emerson St, #1541 Denver, 80218 DENVER MED. SOC.	3147		3555 S Clarkson St, C-1E Englewood, 80110	781-0232		4545 E 9th Ave, #310 Denver, 80220	399-3315
	COLON & RECTAL SURGERY		(H)	4135 S Roslyn St Denver, 80231 ARAPAHOE MED. SOC.	333-7574	(H)	525 S Olive Way Denver, 80224 DENVER MED. SOC.	333-7460
				GENERAL SURGERY TRAUMATIC SURGERY			OB & GYNECOLOGY	
Cohen, Harvey M, MD			Conner, Wayne L, MD			Cort, Matthew B, MD		
	1930 S Federal Blvd #1 Bldg C Denver, 80219	934-5621		1930 S Federal Blvd #1 Bldg C Denver, 80219	934-5621		1421 S Potomac, #210 Aurora, 80012	671-9796
(H)	5691 Southmoor Ln Englewood, 80111 CLEAR CREEK VALLEY MED. SOC.		(H)	760 Crescent Ln Lakewood, 80215 CLEAR CREEK VALLEY MED. SOC.	233-8318	(H)	215 Eudora St Denver, 80220 AURORA-ADAMS COUNTY MED. SOC.	
	OB & GYNECOLOGY			OB & GYNECOLOGY			OB & GYNECOLOGY	
Cohen, Max M, MD			Conrad, Natalie D, MD			Cosby, Michael P, MD		
	4567 E 9th Ave Dept of Surgery Denver, 80220 DENVER MED. SOC.	320-2933		850 E Harvard Ave, #355 Denver, 80210 ARAPAHOE MED. SOC.			180 Adams St, #100 Denver, 80206	321-0333
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							MAXILLOFACIAL SURGERY	
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(H)	6608 E Dartmouth Denver, 80222 CLEAR CREEK VALLEY MED. SOC.		(H)	2212 So Alton Way Denver, 80231 AURORA-ADAMS COUNTY MED. SOC.		(H)	130 Vine St Denver, 80206 DENVER MED. SOC.	377-6111
	COLON & RECTAL SURGERY			NEPHROLOGY INTERNAL MEDICINE			ORTHOPEDIC SURGERY	
Coleman, Thomas H, MD			Conyers, David J, MD			Coulehan, Lawrence T, MD		
	3535 Cherry Creek N Dr Denver, 80209 DENVER MED. SOC.	388-5315		850 E Harvard Ave, #405 Denver, 80210 DENVER MED. SOC.	744-7078		850 E Harvard Ave, #455 Denver, 80210 ARAPAHOE MED. SOC.	722-2724
	INTERNAL MEDICINE			HAND SURGERY			INTERNAL MEDICINE	
Collins, Dale W, MD			Coogan, Mary A, MD			Cowen, Homer C, MD (Ret)		
	4200 W Conejos Pl Denver, 80204	573-9951		3620 W Linville Pl Denver, 80236 DENVER MED. SOC.		(H)	3006 S Steele St Denver, 80210 DENVER MED. SOC.	756-2816
(H)	8283 W Iliff Ln Lakewood, 80227 CLEAR CREEK VALLEY MED. SOC.	985-8081		INTERNAL MEDICINE			OPHTHALMOLOGY	
	GASTROENTEROLOGY							
Condit, Randall S, MD			Cook, Philip S, MD			Cox, Robert L, MD		
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	OPHTHALMOLOGY		(H)	832 S Franklin St Denver, 80209 DENVER MED. SOC.		(H)	10020 E Maplewood Ave Englewood, 80111 ARAPAHOE MED. SOC.	
				RADIOLOGY			INFECTIOUS DISEASES INTERNAL MEDICINE	
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	GENERAL SURGERY THORACIC SURGERY			ANESTHESIOLOGY		(H)	5107 E 17th Ave Denver, 80220 DENVER MED. SOC.	
							ORTHOPEDIC SURGERY	
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	INTERNAL MEDICINE			CARDIOVASCULAR DISEASES INTERNAL MEDICINE GERIATRICS			CARDIOVASCULAR DISEASES	

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Dumm, James B, MD (Ret) (H) 3960 S Hillcrest Dr Denver, 80237 ARAPAHOE MED. SOC.	758-3761	GENERAL SURGERY THORACIC SURGERY	Eicher, Danny J, MD 4545 E 9th Ave, #420 Denver, 80220 DENVER MED. SOC.		OB & GYNECOLOGY	Ellis, James H Jr, MD 4545 E 9th Ave, #245 Denver, 80220 (H) 5810 Goldsmith Pl Englewood, 80111 DENVER MED. SOC.	320-2940 773-0307
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(H) 55 Dexter St
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DENVER MED. SOC.
OTORHINOLARYNGOLOGY
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1776 Vine St
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DENVER MED. SOC.
INTERNAL MEDICINE
DIABETES
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DENVER MED. SOC.
RADIOLOGY
NUCLEAR MEDICINE
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Denver, 80205 388-4876
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DENVER MED. SOC.
ONCOLOGY
HEMATOLOGY
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2480 S Downing St, #250
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ARAPAHOE MED. SOC.
NEUROLOGY
CHILD NEUROLOGY
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ANESTHESIOLOGY

DENVER

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1860 Larimer St, #330
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DENVER MED. SOC.

GERIATRICS
FAMILY PRACTICE

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CARDIOVASCULAR DISEASES
CARDIOLOGY

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PEDIATRICS

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FAMILY PRACTICE

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FAMILY PRACTICE

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PULMONARY DISEASES
INTERNAL MEDICINE
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GYNECOLOGY

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GENERAL SURGERY

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OPHTHALMOLOGY

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GYNECOLOGY
INFERTILITY

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DENVER MED. SOC.

OB & GYNECOLOGY
INFERTILITY

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DENVER MED. SOC.

ORTHOPEDIC SURGERY

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FAMILY PRACTICE

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GENERAL PRACTICE

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ANESTHESIOLOGY

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Denver, 80237 758-0502
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(H) 400 S Lafayette St, #602
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GYNECOLOGY

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NEUROLOGICAL SURGERY

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GYNECOLOGY

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ARAPAHOE MED. SOC.

RADIOLOGY

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GASTROENTEROLOGY

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OB & GYNECOLOGY

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DENVER MED. SOC.

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PSYCHIATRY

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INTERNAL MEDICINE

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	2005 Franklin St, #260			1825 Gilpin St			3535 Cherry Creek N Dr	
	Denver, 80205	861-4677		Denver, 80218	399-1194		Denver, 80209	388-1681
(H)	442 Leyden St		(H)	15 Carriage Ln		(H)	664 S Oneida Way	
	Denver, 80220	333-7318		Littleton, 80121	771-4785		Denver, 80224	355-2518
	DENVER MED. SOC.			AURORA-ADAMS COUNTY MED. SOC.			DENVER MED. SOC.	
		CARDIOLOGY			GENERAL SURGERY			INTERNAL MEDICINE
		INTERNAL MEDICINE						ALCOHOL & DRUG ABUSE
Friedman, Jacob, MD			Galloway, Frederick M, MD			Garner, Frank L, MD		
	850 E Harvard Ave, #355			Denver Gen Hosp			Denver Gen Hosp	
	Denver, 80210	778-7910		777 Bannock St			W 8th Ave & Cherokee St	
(H)	620 Clermont		(H)	Denver, 80204	893-7933		Denver, 80204	893-7656
	Denver, 80220			375 Ammons St		(H)	430 Williams St	
	ARAPAHOE MED. SOC.			Lakewood, 80226	233-0343		Denver, 80218	377-8925
		ANESTHESIOLOGY		DENVER MED. SOC.			DENVER MED. SOC.	
					ANESTHESIOLOGY			OB & GYN ECOLOGY
Friedman, Kim S, MD			Galloway, W Ben, MD			Garrett, William F Jr, MD		
	700 Potomac St			Denver Gen Hosp			8700 Turnpike Dr, #205	
	Emer Dept			W 8th Ave & Cherokee St			Westminster, 80030	429-2660
	Aurora, 80011			Denver, 80204	893-7901	(H)	920 Newport St	
(H)	1130 E 7th Ave		(H)	2753 S Paris Pl			Denver, 80220	
	Denver, 80218			Aurora, 80014	755-1092		AURORA-ADAMS COUNTY MED. SOC.	
	AURORA-ADAMS COUNTY MED. SOC.			DENVER MED. SOC.			EMERGENCY MEDICINE	
		EMERGENCY MEDICINE			PATHOLOGY			
Friedman, Verner, MD			Gamble, William E, MD			Gartner, Charles H, MD		
	4545 E 9th Ave, #330			2005 Franklin St			1145 S Federal Blvd	
	Denver, 80220	320-2992		5th Floor			Denver, 80219	934-2264
	DENVER MED. SOC.			Denver, 80205	839-5383	(H)	2501 W 32nd Ave	
		NEUROLOGICAL SURGERY	(H)	3700 E Long Rd			Denver, 80211	
				Littleton, 80121	771-5131		CLEAR CREEK VALLEY MED. SOC.	
				DENVER MED. SOC.			OB & GYN ECOLOGY	
					ORTHOPEDIC SURGERY			
Fujisaki, Charles K, MD (Ret)			Gannuch, Garret M, MD			Geisterfer, Dirk J, MD		
	2045 Franklin St, #706			8965 E Florida Ave, #1204			6740 E Hampden Ave, #100	
	Denver, 80205	861-4971		Denver, 80231	755-8259		Denver, 80224	759-2713
(H)	3894 S Poplar St		(H)	DENVER MED. SOC.		(H)	5362 Nassau Cir	
	Denver, 80237	756-6666			RADIOLOGY		Englewood, 80110	753-0939
	DENVER MED. SOC.						ARAPAHOE MED. SOC.	
		ANESTHESIOLOGY						PLASTIC SURGERY
Fuller, William E, MD			Garcia, F A, MD (Ret)			Gelfand, Daniel E, MD		
	601 E 19th Ave			3333 E Florida Ave, #130			1575 Krameria St	
	Denver, 80203	869-2086	(H)	Denver, 80210	698-2991		Denver, 80220	355-2353
(H)	4909 E 6th Ave			DENVER MED. SOC.		(H)	51 S Kearney St	
	Denver, 80220	321-1823			PLASTIC SURGERY		Denver, 80224	333-9203
	DENVER MED. SOC.						DENVER MED. SOC.	
		OB & GYN ECOLOGY						PEDIATRICS
Funk, Allen E, MD			Gargan, Thomas J III, MD			Geller, I Benjamin, MD		
	176 S Pembroke			4545 E 9th Ave, #15			1860 Larimer St, #330	
(H)	Castle Rock, 80104			Denver, 80220			Denver, 80202	298-8602
		DENVER MED. SOC.	(H)	10 Blackmer Rd		(H)	399 Glencoe St	
				Englewood, 80110	850-7678		Denver, 80220	355-3232
				DENVER MED. SOC.			DENVER MED. SOC.	
					PLASTIC SURGERY			GERIATRICS
Gabow, Patricia A, MD			Garland, Dave T, DO			Gentry, James H, MD		
	Denver General Hosp			100 Acoma St			950 E Harvard Ave, #320	
	777 Bannock St			Denver, 80223	698-0333		Denver, 80210	777-7683
	Denver, 80204	893-7555		1035 Marshall		(H)	9152 E Tufts Cir	
(H)	141 Dahlia St		(H)	Lakewood, 80214			Englewood, 80111	773-1962
	Denver, 80220			CLEAR CREEK VALLEY MED. SOC.			ARAPAHOE MED. SOC.	
	DENVER MED. SOC.				GENERAL PRACTICE			OPHTHALMOLOGY
		NEPHROLOGY			SPORTS MEDICINE			
		ADMINISTRATIVE MEDICINE						
		INTERNAL MEDICINE						
Galansky, Stanley H, MD			Garland, Gerard L, MD					
	850 E Harvard Ave, #525			5800 E Evans Ave				
	Denver, 80210	733-8848		Denver, 80222	757-7675			
	ARAPAHOE MED. SOC.		(H)	2436 S Leyden St				
		UROLOGICAL SURGERY		Denver, 80222				
				AURORA-ADAMS COUNTY MED. SOC.				
					FAMILY PRACTICE			

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255 Union Blvd, #120
Lakewood, 80228 988-4970
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CLEAR CREEK VALLEY MED. SOC.
ALLERGY & IMMUNOLOGY
ALLERGY
ASTHMA
IMMUNOLOGY
- Goldberg, Jan Paul, MD**
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(H) 3936 S Magnolia Way
Denver, 80237 692-9284
AURORA-ADAMS COUNTY MED. SOC.
NEPHROLOGY
- Goldstein, Charles, DO**
5220 W Evans Ave
Denver, 80227 985-4431
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
EMERGENCY MEDICINE
- Goldstein, Daniel A, MD**
155 Madison St
Denver, 80206 355-2625
DENVER MED. SOC.
PEDIATRICS
TOXICOLOGY
- Goldstein, Joel H, MD**
4999 E Kentucky Ave, #201
Denver, 80222 691-0505
(H) 23 Martin Ln
Englewood, 80110 761-6753
DENVER MED. SOC.
OPHTHALMOLOGY
- Goldstein, Stephen A, MD**
1750 Race St
Denver, 80206 332-1300
(H) 5645 S Lewiston Ct
Aurora, 80015 699-6838
DENVER MED. SOC.
PLASTIC SURGERY
HAND SURGERY
VASCULAR SURGERY
- Golitz, Loren E, MD**
Denver General Hosp
Denver, 80204 893-7108
(H) 11466 E Arkansas Ave
Aurora, 80012 751-2437
DENVER MED. SOC.
DERMATOLOGY
DERMATOPATHOLOGY
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(H) 1735 Foothills Dr S
Golden, 80401 526-1708
ARAPAHOE MED. SOC.
INTERNAL MEDICINE
INFECTIOUS DISEASES
- Gonzales, James G, MD**
850 E Harvard Ave, #355
Denver, 80210
ARAPAHOE MED. SOC.
ANESTHESIOLOGY
- Good, James T Jr, MD**
950 E Harvard Ave, #550
Denver, 80210 744-6361
(H) 4442 S Yosemite Ct
Englewood, 80111
ARAPAHOE MED. SOC.
PULMONARY DISEASES
CRITICAL CARE MEDICINE
- Goodlin, Robert C, MD**
777 Bannock St
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DENVER MED. SOC.
OB & GYNECOLOGY
MATERNAL & FETAL MEDICINE
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St Anthonys Hosp
4231 W 16th
Denver, 80204
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CLEAR CREEK VALLEY MED. SOC.
RADIOLOGY
- Goodman, Reid A, MD**
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Denver, 80222 388-4631
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OB & GYNECOLOGY
INFERTILITY
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ARAPAHOE MED. SOC.
EMERGENCY MEDICINE
CARDIOVASCULAR DISEASES
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CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
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OB & GYNECOLOGY
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ARAPAHOE MED. SOC.
INTERNAL MEDICINE
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Denver, 80222 333-3378
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Denver, 80220 394-3164
DENVER MED. SOC.
OB & GYNECOLOGY
INFERTILITY
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DENVER MED. SOC.
OB & GYNECOLOGY
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OCCUPATIONAL MEDICINE
EMERGENCY MEDICINE
INDUSTRIAL MEDICINE
AEROSPACE MEDICINE

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FAMILY PRACTICE
AEROSPACE MEDICINE

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ANESTHESIOLOGY

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RADIOLOGY

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UROLOGICAL SURGERY
INFERTILITY
SEXUAL DYSFUNCTION

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PLASTIC SURGERY

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DENVER MED. SOC.
ANESTHESIOLOGY

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THORACIC SURGERY
CARDIOVASCULAR SURGERY

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PEDIATRICS

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ARAPAHOE MED. SOC.
THORACIC SURGERY

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(H) 160 S Monaco Pkwy, #512
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PSYCHIATRY
PSYCHIATRY & NEUROLOGY

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Gulinson, Jordan E, MD

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INFECTIOUS DISEASES
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DENVER MED. SOC.
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Gussman, Debra, MD

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OB & GYNCOLOGY

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PEDIATRIC SURGERY

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PEDIATRICS

Haley, Patrick D, MD

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UROLOGICAL SURGERY

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CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY

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FAMILY PRACTICE

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OB & GYNCOLOGY
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Halouska, Don L, MD Rose Med Ctr 4567 E 9th Ave Denver, 80220 (H) 7681 E Nassau Ave Denver, 80237 DENVER MED. SOC.	320-2290				
		DIAGNOSTIC RADIOLOGY			
Ham, Gordon C, MD 5445 DTC Pkwy, #920 Englewood, 80111 (H) 860 S Adams Denver, 80209 ARAPAHOE MED. SOC.	773-3455 777-7368				
		GYNECOLOGY			
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		ANESTHESIOLOGY			
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		INTERNAL MEDICINE			
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		ORTHOPEDIC SURGERY HAND SURGERY			
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		NEUROLOGY			
Hannah, Stanley L, MD 7090 E Hampden Ave Denver, 80224 (H) 5 Martin Ln Englewood, 80110 ARAPAHOE MED. SOC.	758-0072				
		GYNECOLOGY			
Hannum, John N, MD 4770 E Iliff Ave, #105 Denver, 80222 (H) 6875 E Iliff Ave, #328 Denver, 80224 DENVER MED. SOC.	759-1680				
		PSYCHIATRY			
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		RADIOLOGY			
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		NEUROLOGY			
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		CARDIOVASCULAR SURGERY THORACIC SURGERY			
Hartley, Robert D, MD 1056 E 19th Ave Denver, 80218 (H) 1848 Homestead Rd Greeley, 80634 WELD COUNTY MED. SOC.	861-6052				
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	759-4245		NEPHROLOGY
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	989-6531		PEDIATRICS
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 Denver, 80231
 DENVER MED. SOC.
 THORACIC SURGERY
 CARDIOVASCULAR SURGERY
- Young, John R, MD**
 1000 S Broadway
 Denver, 80217 698-7333
 DENVER MED. SOC.
 OB & GYNECOLOGY
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 950 E Harvard Ave, #360
 Denver, 80210 733-8232
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 ARAPAHOE MED. SOC.
 GENERAL SURGERY
- Zaki, Sayed M, MD**
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 ARAPAHOE MED. SOC.
 PSYCHIATRY
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 DENVER MED. SOC.
 INTERNAL MEDICINE
- Zarlengo, Gerald V, MD**
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 OB & GYNECOLOGY
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 ARAPAHOE MED. SOC.
 NEONATOLOGY
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 AURORA-ADAMS COUNTY MED. SOC.
 OCCUPATIONAL MEDICINE
 GENERAL PRACTICE
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 Englewood, 80111 740-7578
 DENVER MED. SOC.
 PLASTIC SURGERY
 FACIAL PLASTIC SURGERY
 MAXILLOFACIAL SURGERY
 HAND SURGERY
 HEAD & NECK SURGERY
- Zemel, Leonard R, MD**
 3865 N Cherry Creek Dr, #322
 Denver, 80209 388-6410
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 AURORA-ADAMS COUNTY MED. SOC.
 ENDOCRINOLOGY & METABOLISM
 DIABETES
 INTERNAL MEDICINE
- Zimmer, Alexander H, MD**
 1550 S Potomac, #190
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 Denver, 80231
 AURORA-ADAMS COUNTY MED. SOC.
 NEUROLOGY
- Ziporin, Philip, MD**
 501 S Cherry St, #700
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 CLEAR CREEK VALLEY MED. SOC.
 INTERNAL MEDICINE
 PULMONARY DISEASES
- Zoller, Gregory W, MD**
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 Englewood, 80111 770-3181
 ARAPAHOE MED. SOC.
 EMERGENCY MEDICINE
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 4720 Tejon St
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 DENVER MED. SOC.
 INTERNAL MEDICINE
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 DENVER MED. SOC.
 INTERNAL MEDICINE

DOLORES—DURANGO

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VASCULAR SURGERY
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LA PLATA COUNTY MED. SOC.
ANESTHESIOLOGY

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EMERGENCY MEDICINE

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GASTROENTEROLOGY

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LA PLATA COUNTY MED. SOC.
NEUROLOGICAL SURGERY

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FAMILY PRACTICE

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MONTEZUMA COUNTY MED. SOC.
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GERIATRICS

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LA PLATA COUNTY MED. SOC.
GENERAL SURGERY

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2277 W 2nd Ave
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LA PLATA COUNTY MED. SOC.
FAMILY PRACTICE

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Durango, 81301 247-2920
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Durango, 81301
LA PLATA COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
ALLERGY
MAXILLOFACIAL SURGERY
HEAD & NECK SURGERY

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Durango, 81301 247-5362
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ORTHOPEDIC SURGERY

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Durango, 81301 259-2525
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Durango, 81301 247-4767
LA PLATA COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

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LA PLATA COUNTY MED. SOC.
DERMATOLOGY

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SOUTHEASTERN COLORADO MED. SOC.
GENERAL PRACTICE

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INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE

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WELD COUNTY MED. SOC.
FAMILY PRACTICE

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WELD COUNTY MED. SOC.
FAMILY PRACTICE

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GENERAL PRACTICE

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ANESTHESIOLOGY

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ARAPAHOE MED. SOC.
HEMATOLOGY
CLINICAL PATHOLOGY
ANATOMIC PATHOLOGY

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GYNECOLOGY

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OTORHINOLARYNGOLOGY
OTOLOGY

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DENVER MED. SOC.
PLASTIC SURGERY
HAND SURGERY

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Englewood, 80111
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ARAPAHOE MED. SOC.
FAMILY PRACTICE

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(H) 1000 E Tufts Ave
Englewood, 80110
ARAPAHOE MED. SOC.
DERMATOLOGY
MOHS CHEMOSURGERY

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Littleton, 80122 741-4400
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ARAPAHOE MED. SOC.
FAMILY PRACTICE

ENGLEWOOD

Atkinson, Roy J, MD 3576 S Logan St Englewood, 80110 ARAPAHOE MED. SOC.	DIAGNOSTIC RADIOLOGY	Barter, Jeffrey, MD 8340 S Sangre De Cristo Littleton, 80127 (H) 8040 S Oneida Ct Englewood, 80112 ARAPAHOE MED. SOC.	979-1234	PEDIATRICS	Boswick, John A Jr, MD 2005 Franklin St, #660 Denver, 80205 (H) 4502 S Vine Way Englewood, 80110 DENVER MED. SOC.	839-1694	HAND SURGERY
Austin, Robert C Jr, MD 191 E Orchard Rd Littleton, 80121 (H) 14 Village Rd Englewood, 80110 ARAPAHOE MED. SOC.	795-5034	Becky, Frank R, MD 601 E Hampden Ave, #535 Englewood, 80110 ARAPAHOE MED. SOC.		INTERNAL MEDICINE	Botha, Eleanor, MD (Ret) (H) 9557 E Orchard Dr Englewood, 80111 DENVER MED. SOC.		PSYCHIATRY NEUROLOGY
Avner, Sanford E, MD 3535 Cherry Creek N Dr Denver, 80209 (H) 13 Red Fox Ln Greenwood Village Englewood, 80111 AURORA-ADAMS COUNTY MED. SOC.	321-0110	Behrns, Robert S, MD 601 E Hampden Ave, #400 Englewood, 80110 (H) 5855 El Camino Dr Englewood, 80111 ARAPAHOE MED. SOC.	788-6066	PSYCHIATRY	Bourne, Eugene E, MD 1820 Gilpin St, #210 Denver, 80218 (H) 7845 S Kearney Ct Englewood, 80112 AURORA-ADAMS COUNTY MED. SOC.	388-6396	DIAGNOSTIC RADIOLOGY
Baer, Sylvan B, MD 4545 E 9th Ave, #460 Denver, 80220 (H) 3770 S Albion St Englewood, 80110 DENVER MED. SOC.	320-2922	Bell, John D, MD 240 Milwaukee St Denver, 80206 (H) 14 Mockingbird Ln Englewood, 80110 DENVER MED. SOC.	388-9335	OB & GYNECOLOGY	Bowling, F Lee, MD 1001 E Oxford Ln Englewood, 80110 (H) 1001 E Oxford Ln Englewood, 80110 DENVER MED. SOC.	789-3003	AEROSPACE MEDICINE PUBLIC HEALTH ADMINISTRATIVE MEDICINE INDUSTRIAL MEDICINE
Bailey, William C, MD 1950 Ogden St, 3-HC-1 Denver, 80218 (H) 9474 E Orchard Dr Englewood, 80111 DENVER MED. SOC.	861-4871	Berenbeim, David M, MD 7061 S University Blvd, #202 Littleton, 80122 (H) 11087 E Crestline Cir Englewood, 80111 ARAPAHOE MED. SOC.		INTERNAL MEDICINE	Bowman, William J, MD 191 E Orchard Rd, #202 Littleton, 80121 (H) 3925 S Colorado Blvd Englewood, 80110 ARAPAHOE MED. SOC.	795-5588	DERMATOLOGY
Baker, Pete H, MD Swedish Medical Plaza 601 E Hampden Ave #260 Englewood, 80110 (H) 5664 S Fulton Way Englewood, 80111 ARAPAHOE MED. SOC.	788-8888	Berg, Robert N, MD St Luke's Hosp 601 E 19th Ave Denver, 80203 (H) 6400 E Ida Ave Englewood, 80110 DENVER MED. SOC.	839-1000	INTERNAL MEDICINE PULMONARY DISEASES CRITICAL CARE MEDICINE	Bramley, Howard F, MD (Ret) (H) 7188 S Poplar Ln Englewood, 80112 DENVER MED. SOC.	789-3741	GENERAL SURGERY
Balazy, Thomas E, MD 3425 S Clarkson St Englewood, 80110 ARAPAHOE MED. SOC.	779-9491	Berger, Elwin, MD 1555 Clarkson St Denver, 80203 (H) 9820 E Powers Ave Englewood, 80111 DENVER MED. SOC.	831-7171	OB & GYNECOLOGY	Branan, Richard C, MD 601 E Hampden Ave, #340 Englewood, 80110 ARAPAHOE MED. SOC.	788-4000	NEUROLOGICAL SURGERY
Ballonoff, Larry B, MD 11245 Huron St Denver, 80234 (H) 3 Winwood Dr Englewood, 80110 DENVER MED. SOC.	457-6606	Bess, Howard H Jr, MD 950 E Harvard Ave, #230 Denver, 80210 (H) 3650 S Albion St Englewood, 80110 ARAPAHOE MED. SOC.	778-6868	GENERAL PRACTICE	Bremers, Harold H, MD 1756 Vine St Denver, 80206 (H) 2292 E Dartmouth Ave Englewood, 80110 DENVER MED. SOC.	322-1859	DERMATOLOGY
Bess, Robert J, MD 601 E Hampden Ave, #220 Englewood, 80110 (H) 505 Providence Dr Castle Rock, 80104 ARAPAHOE MED. SOC.	788-6950	Bess, Robert J, MD 601 E Hampden Ave, #220 Englewood, 80110 (H) 505 Providence Dr Castle Rock, 80104 ARAPAHOE MED. SOC.		ORTHOPEDIC SURGERY	Bremers, Jean M, MD (Ret) Children's Hosp 1056 E 19th Ave Denver, 80218 (H) 2292 E Dartmouth Ave Englewood, 80110 DENVER MED. SOC.	861-6634	PEDIATRICS

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	GENERAL SURGERY						
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	RADIOLOGY						
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	FACIAL PLASTIC SURGERY OTORHINOLARYNGOLOGY						
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	NEUROLOGY						
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DENVER MED. SOC.
RADIOLOGY
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- Lindenbaum, Barry L, MD**
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OTORHINOLARYNGOLOGY
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RHINOLOGY
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ENGLEWOOD

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Lueck, Roger A, MD 3425 S Clarkson St Englewood, 80110 (H) 4701 S Idalia St Aurora, 80015 ARAPAHOE MED. SOC.	789-8000 PHYSICAL MEDICINE & REHAB	Maresh, Gerald S, MD (Ret) (H) 4061 S Dexter St Englewood, 80110 DENVER MED. SOC.	758-1542 RADIOLOGY	Meltzer, Gerald E, MD 4999 E Kentucky Ave, #202 Denver, 80222 (H) 4961 S Clinton St Englewood, 80111 AURORA-ADAMS COUNTY MED. SOC.	756-1818 OPHTHALMOLOGY
Madison, David S, MD 3535 S Lafayette St Englewood, 80110 (H) 4101 E 5th Ave Denver, 80220 ARAPAHOE MED. SOC.	781-1722 NEUROLOGY	Marritt, Emanuel, MD 5445 DTC Pkwy, #1015 Englewood, 80111 AURORA-ADAMS COUNTY MED. SOC.	694-9371 PLASTIC SURGERY	Melzer, Robert B, MD 950 E Harvard Ave, #420 Denver, 80210 (H) 3490 S Clayton St Englewood, 80110 ARAPAHOE MED. SOC.	778-1886 GENERAL SURGERY
Magill, Charles D, MD 3601 S Pearl St Englewood, 80110 (H) 25 Martin Ln Englewood, 80110 ARAPAHOE MED. SOC.	761-0624 781-0859 ORTHOPEDIC SURGERY	McCarthy, Howard L, MD 3555 S Clarkson St, #B-1 Englewood, 80110 ARAPAHOE MED. SOC.	761-2206 GENERAL SURGERY	Menter, Robert R, MD 3425 S Clarkson St Englewood, 80110 ARAPAHOE MED. SOC.	789-8220 ORTHOPEDIC SURGERY PHYSICAL MEDICINE & REHAB
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- ORTHOPEDIC SURGERY
SPORTS MEDICINE

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Oppegard, Charles R, MD 8095 E Prentice Ave Englewood, 80111 (H) 2405 S Dahlia Ln Denver, 80222 DENVER MED. SOC.	771-0677 757-0862	PSYCHIATRY	Penner, Clyde E, MD 601 E Hampden Ave, #450 Englewood, 80110 ARAPAHOE MED. SOC.	761-8006	GYNECOLOGY	Podgorski, Steven F, MD 601 E Hampden Ave, #490 Englewood, 80110 (H) 4881 S Albion St Littleton, 80121 ARAPAHOE MED. SOC.	761-9944 721-7012	OPHTHALMOLOGY
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Packer, Robert H, MD 7180 E Orchard Rd, #201 Englewood, 80111 (H) 6221 S Logan Ct Littleton, 80121 ARAPAHOE MED. SOC.	850-0252 730-7540	DERMATOLOGY	Persoff, Nathan S, MD 701 E Hampden Ave, #350 Englewood, 80110 (H) 551 S Race St Denver, 80209 ARAPAHOE MED. SOC.	788-6490	FAMILY PRACTICE	Post, Gary L, MD 8200 E Bellevue Ave, #460 Englewood, 80111 (H) 5479 S Uravan Ct Aurora, 80015 ARAPAHOE MED. SOC.	690-6055	FAMILY PRACTICE
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Patterson, Joseph H, MD (Ret) (H) 3850 S Albion St Englewood, 80110 DENVER MED. SOC.	758-0508	UROLOGICAL SURGERY	Piel, Michael T, MD 8200 E Bellevue Ave #460 E Tower Englewood, 80111 (H) 6105 S Fulton St Englewood, 80111 ARAPAHOE MED. SOC.	694-4510 770-8169	FAMILY PRACTICE EMERGENCY MEDICINE	Powers, Robert C, MD 601 E Hampden Ave, #220 Englewood, 80110 (H) 325 Franklin St Denver, 80218 ARAPAHOE MED. SOC.	798-6950 773-8363	ORTHOPEDIC SURGERY HAND SURGERY
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FAMILY PRACTICE

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OTORHINOLARYNGOLOGY
ALLERGY
OTOLOGY
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OTORHINOLARYNGOLOGY
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LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
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LARIMER COUNTY MED. SOC.
AEROSPACE MEDICINE
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LARIMER COUNTY MED. SOC.
RADIOLOGY
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PEDIATRICS
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FORT COLLINS

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UROLOGICAL SURGERY
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ONCOLOGY
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FAMILY PRACTICE
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SPORTS MEDICINE
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NEPHROLOGY
INTERNAL MEDICINE
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NEUROLOGY

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ALLERGY & IMMUNOLOGY
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OBSTETRICS
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NUTRITION

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PULMONARY DISEASES
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HEAD & NECK SURGERY
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MAXILLOFACIAL SURGERY
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NEUROLOGICAL SURGERY

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RADIOLOGY

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OTORHINOLARYNGOLOGY
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ASTHMA
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NEUROLOGY

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PULMONARY DISEASES
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MESA COUNTY MED. SOC.
GENERAL SURGERY
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MESA COUNTY MED. SOC.
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ENDOCRINOLOGY & METABOLISM
DIABETES
INTERNAL MEDICINE

GRAND JUNCTION

Matchett, Kenneth M Jr, MD 520 Patterson Rd Grand Junction, 81501 (H) 651 29 Rd Grand Junction, 81506 MESA COUNTY MED. SOC.	242-2136 243-4177	INTERNAL MEDICINE ONCOLOGY HEMATOLOGY	Merrill, Joseph G, MD (Ret) (H) 2691 Kimberly Dr Grand Junction, 81506 MESA COUNTY MED. SOC. GENERAL SURGERY	242-3476 	Paquette, Frederick R, MD St Mary's Hospital Box 1628 Grand Junction, 81502 MESA COUNTY MED. SOC. RADIATION ONCOLOGY
Mayer, David M, MD 550 Patterson Rd Grand Junction, 81506 (H) 2480 Sage Run Ct Grand Junction, 81505 MESA COUNTY MED. SOC.	243-8140 245-4717	ORTHOPEDIC SURGERY	Miller, Thomas E, MD 600 Center Ave Grand Junction, 81501 (H) 2640 Hickory Dr Grand Junction, 81501 MESA COUNTY MED. SOC.	243-7192 243-7166	Parker, Joseph J Jr, MD 725 Bookcliff Ave Grand Junction, 81501 (H) 721 26 Rd Grand Junction, 81506 MESA COUNTY MED. SOC.
McDaniel, David B, MD 2530 N 8th St, #101 Grand Junction, 81502 (H) 2610 Kelly Dr Grand Junction, 81506 MESA COUNTY MED. SOC.	241-9729 243-9642	DIAGNOSTIC RADIOLOGY	Mohler, Philip J, MD 735 Bookcliff Ave Grand Junction, 81501 (H) 2683 Continental Dr Grand Junction, 81506 MESA COUNTY MED. SOC.	245-1220 	Patterson, William R, MD 550 Patterson Rd Grand Junction, 81506 (H) 662 26 Rd Grand Junction, 81506 MESA COUNTY MED. SOC.
McDaniel, Janice R, MD (Ret) (H) 2610 Kelly Dr Grand Junction, 81501 DENVER MED. SOC.	243-9642 	PEDIATRICS GENERAL PREVENTIVE MED	Moran, Patrick G, MD 2211 N 7th St Grand Junction, 81501 (H) 623 26 Rd Grand Junction, 81506 MESA COUNTY MED. SOC.	243-7260 243-2076	Patz, David S, MD 790 Wellington Ave, #105 Grand Junction, 81501 MESA COUNTY MED. SOC.
McFadden, Donna L, MD 2211 N 7th Grand Junction, 81501 (H) 2638 Chestnut Dr Grand Junction, 81506 MESA COUNTY MED. SOC.	243-7260 	NEOPLASTIC DISEASES	Nakano, Jeffrey M, MD 790 Wellington Ave, #204-A Grand Junction, 81501 (H) 3725 Applewood St Grand Junction, 81506 MESA COUNTY MED. SOC.	242-3535 241-0991	Petersen, Warren A, MD 2339 N 7th St Grand Junction, 81501 (H) 501 Tiara Dr Grand Junction, 81503 MESA COUNTY MED. SOC.
Meacham, Stephen R, MD 2525 N 8th St, #202 Grand Junction, 81501 (H) 615 Viewpoint Dr Grand Junction, 81501 MESA COUNTY MED. SOC.	245-1168 	OB & GYNECOLOGY	Nakano, Sherry G, MD 1007 N 7th St Grand Junction, 81501 (H) 372 5 Applewood St Grand Junction, 81506 MESA COUNTY MED. SOC.	PEDIATRICS	Pinson, Ronald C, MD 550 Patterson Rd Grand Junction, 81506 (H) 712 Golfmore Dr Grand Junction, 81506 MESA COUNTY MED. SOC.
Meason, Thomas M Jr, MD St Marys Hosp Emer Dept 7th & Patterson Grand Junction, 81501 (H) 650 Round Hill Dr Grand Junction, 81506 MESA COUNTY MED. SOC.	244-2551 243-7439	EMERGENCY MEDICINE	Novak, Deborah W, MD 1120 Wellington Ave, #206 Grand Junction, 81501 (H) 749 Continental Dr Grand Junction, 81506 MESA COUNTY MED. SOC.	ANESTHESIOLOGY	Piper, James C, MD 1007 N 7th St Grand Junction, 81501 (H) 2904 Applewood Grand Junction, 81504 MESA COUNTY MED. SOC.
Merkel, William D, MD 2525 N 8th St Grand Junction, 81501 (H) 2136 Baniff Ct Grand Junction, 81503 MESA COUNTY MED. SOC.	242-9127 	PLASTIC SURGERY HAND SURGERY FACIAL PLASTIC SURGERY MAXILLOFACIAL SURGERY HEAD & NECK SURGERY	Pacini, David L, MD 1007 N 7th St Grand Junction, 81501 (H) 742 Flower St Grand Junction, 81506 MESA COUNTY MED. SOC.	PEDIATRICS	Raley, Francis M, MD St Mary's Hosp & Med Ctr Box 1628 Grand Junction, 81502 (H) 324 31 1/2 Rd Grand Junction, 81503 MESA COUNTY MED. SOC.
			Pacini, Donald R, MD 2530 N 8th St, #203 Grand Junction, 81501 (H) 743 Centauri Dr Grand Junction, 81506 MESA COUNTY MED. SOC.	241-8433 241-1730	FAMILY PRACTICE EMERGENCY MEDICINE
			CARDIOVASCULAR DISEASES		

Rashleigh, Perry L, MD 790 Wellington Ave, #104 Grand Junction, 81501 (H) 158 Wyndham Way Grand Junction, 81503 MESA COUNTY MED. SOC.	242-7273	DERMATOLOGY DERMATOPATHOLOGY	Sadler, Theodore R Jr, MD 2525 N 8th St, #102 Grand Junction, 81501 (H) 2680 Kimberly Dr Grand Junction, 81506 MESA COUNTY MED. SOC.	242-7292 243-1035	THORACIC SURGERY CARDIOVASCULAR SURGERY	Smith, G Paul, MD (Ret) 520 Patterson Rd Grand Junction, 81506 (H) 656 Larkspur Ln Grand Junction, 81506 MESA COUNTY MED. SOC.	242-2136	INTERNAL MEDICINE CARDIOLOGY
Raso, Roland A, MD (Ret) (H) 3350 Star Ct Grand Junction, 81506 MESA COUNTY MED. SOC.	242-3636		Sammons, Robert A Jr, MD 2339 N 7th St Grand Junction, 81501 MESA COUNTY MED. SOC.		PSYCHIATRY	Smith, Ronald E, MD 1120 Wellington Ave, #206 Grand Junction, 81501 MESA COUNTY MED. SOC.	243-7245	ANESTHESIOLOGY
Reicks, Gregory C, DO 2404 Teller Ave Grand Junction, 81501 MESA COUNTY MED. SOC.		FAMILY PRACTICE	Scott, William A, MD 1120 Wellington Ave Grand Junction, 81501 (H) 823 26 Rd Grand Junction, 81501 MESA COUNTY MED. SOC.	241-0170		Smith, Verne A, MD PO Box 1628 Grand Junction, 81502 (H) 2013 Overlook Dr Grand Junction, 81505 MESA COUNTY MED. SOC.	244-2448 243-5827	FAMILY PRACTICE
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Roy, Charles E, MD 790 Wellington Ave Grand Junction, 81501 (H) 2161 McKinley Ct Grand Junction, 81503 MESA COUNTY MED. SOC.	243-3061 245-0094	UROLOGICAL SURGERY	Sillix, Patrick A, DO 1060 Orchard Ave, #C Grand Junction, 81501 (H) 2687 Wilshire Ct Grand Junction, 81506 MESA COUNTY MED. SOC.	243-1153 243-1153	ORTHOPEDIC SURGERY	Stevenson, Chester P, MD (Ret) (H) 807 LaPaz Ct Grand Junction, 81506 MESA COUNTY MED. SOC.	243-2752	INTERNAL MEDICINE GERIATRICS
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DERMATOLOGY
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OTORHINOLARYNGOLOGY
- Bloink, Steven W, MD**
1900 16th St
Greeley, 80631
(H) 1914 19th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE
- Boelter, William C II, MD**
1900 16th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
OB & GYNECOLOGY
- Brigham, Dwight P B, MD**
1900 16th St
Greeley, 80631 353-1551
(H) 1838 Montview Blvd.
Greeley, 80631
WELD COUNTY MED. SOC.
PEDIATRICS
- Burch, William D, MD**
1900 16th St
Greeley, 80631 353-1551
(H) 1936 25th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
- Burket, Charles R, MD**
1900 16th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
OB & GYNECOLOGY
- Bussey, Randy M, MD**
2420 16th St
Greeley, 80631 352-9064
(H) 2414 27th Ave Ct
Greeley, 80631
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY
HAND SURGERY
- Carter, Douglas B, MD**
1500 16th Ave Ct
Greeley, 80631
WELD COUNTY MED. SOC.
OPHTHALMOLOGY
- Carter, Susan D, MD**
2410 16th St
Greeley, 80631
(H) 3527 Rangeview Rd
Greeley, 80634
WELD COUNTY MED. SOC.
OB & GYNECOLOGY
- Cary, Ethan R, MD**
1900 16th St
Greeley, 80631
(H) 3923 14th St Rd
Greeley, 80634
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
- Cash, Robert L, MD**
1900 16th St
Greeley, 80631 353-1551
(H) 525 22nd St, #7
Greeley, 80631
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
PULMONARY DISEASES
- Chapman, Ronald W, MD**
1650 16th St
Greeley, 80631
(H) 1925 28th Ave, #34
Greeley, 80631
WELD COUNTY MED. SOC.
- Chesley, Charles C, MD**
2520 16th St
Greeley, 80631 356-2520
(H) 2044 27th Ave Ct, #1-A
Greeley, 80631 339-5823
WELD COUNTY MED. SOC.
FAMILY PRACTICE
- Clark, Ronald D, MD**
1630 17th Ave
Greeley, 80631 356-4488
(H) 1301 48th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
NEUROLOGICAL SURGERY
- Clifford, Nathan J, MD**
900 14th St
Greeley, 80631 353-4322
(H) 2102 28th Ave Ct
Greeley, 80631 330-7105
WELD COUNTY MED. SOC.
CARDIOVASCULAR DISEASES
INTERNAL MEDICINE
- Cook, Donald E, MD**
1900 16th St
Greeley, 80631 352-8304
(H) 1710 21st Ave
Greeley, 80631 352-0072
WELD COUNTY MED. SOC.
PEDIATRICS
ADOLESCENT MEDICINE
- Cooper, John D, MD**
1620 25th Ave
Greeley, 80631 356-2600
(H) 1611 37th Ave
Greeley, 80634 330-9149
WELD COUNTY MED. SOC.
PEDIATRICS
- Corona, Joseph A, MD**
2020 16th St
Greeley, 80631 353-7666
(H) 3850 W 16th St Rd
Greeley, 80634 330-8166
WELD COUNTY MED. SOC.
FAMILY PRACTICE
- Coryell, Laurie A, MD**
2000 W S Boulder Rd
Lafayette, 80026
(H) 3500 35th Ave
Greeley, 80634
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Crews, Jerry R, MD**
2000 16th St, #5
Greeley, 80631 356-9844
(H) 6480 24th St
Greeley, 80634
WELD COUNTY MED. SOC.
NEUROLOGY
- Cross, Pamela, MD**
1650 16th St
Greeley, 80631
(H) 3812 W 11th St
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE
- Cullen, John P, MD**
3705 W 12th St
Greeley, 80634 351-7134
(H) 6050 26th St
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

GREELEY

Cutshall, Richard C, MD 1624 17th Ave Greeley, 80631 (H) 5948 23rd St Greeley, 80634 WELD COUNTY MED. SOC.	353-2040	Ferguson, Joe R III, MD 1650 16th St Greeley, 80631 (H) 4146 16th St Dr Greeley, 80634 WELD COUNTY MED. SOC.	356-2424	Golub, Roger Joel, MD 1650 16th St Greeley, 80631 WELD COUNTY MED. SOC.	FAMILY PRACTICE
	RADIOLOGY		FAMILY PRACTICE		
Cutts, William B, MD 1900 16th St The Greeley Clinic Greeley, 80631 (H) 1980 26th Ave Pl Greeley, 80631 WELD COUNTY MED. SOC.	350-2437	Fink, Anthony G, MD 1900 16th St Greeley, 80631 WELD COUNTY MED. SOC.	353-1551	Gordon, Randolph L, MD 1650 16th St Greeley, 80631 (H) 4127 W 15th St Greeley, 80634 WELD COUNTY MED. SOC.	FAMILY PRACTICE
	INTERNAL MEDICINE GERIATRICS		PEDIATRICS		
Daniels, Bernard T, MD (Ret) (H) 4138 20th St Rd Greeley, 80634 DENVER MED. SOC.	330-4137	Flower, Thomas J, DO 2122 9th St Greeley, 80631 (H) 1331 N 1st Ave Greeley, 80631 WELD COUNTY MED. SOC.	356-7555	Grossnickle, Mark D, MD 1900 16th St Greeley, 80631 (H) 2501 52nd Ave Ct Greeley, 80634 WELD COUNTY MED. SOC.	ORTHOPEDIC SURGERY
	GENERAL SURGERY		FAMILY PRACTICE		
Davis, Windon H, MD 2607 10th St Greeley, 80631 (H) 2730 Buena Vista Dr Greeley, 80631 WELD COUNTY MED. SOC.	352-9165	Foe, Elaine V, MD Greeley Med Clinic 1900 16th St Greeley, 80631 (H) 4006 15th St Greeley, 80634 WELD COUNTY MED. SOC.	350-2454	Groves, Fred B, MD 1900 16th St Greeley, 80631 (H) 1848 Reservoir Rd Greeley, 80631 WELD COUNTY MED. SOC.	353-1551 352-1174 OCCUPATIONAL MEDICINE
	DERMATOLOGY		OPHTHALMOLOGY		
Derk, Thomas, MD PO Box 5020 Greeley, 80631 WELD COUNTY MED. SOC.	ANESTHESIOLOGY	Fonken, Paul W, MD 1650 16th St Greeley, 80631 (H) 2523 14th Ave Greeley, 80631 WELD COUNTY MED. SOC.	221-2222	Hajek, Michael R, MD 2420 16th St Greeley, 80631 (H) 1427 Glenmere Rd Greeley, 80631 WELD COUNTY MED. SOC.	ORTHOPEDIC SURGERY
			FAMILY PRACTICE		
Dick, Milton L, MD PO Box 5280 Greeley, 80631 (H) 2125 15th St Greeley, 80631 WELD COUNTY MED. SOC.	ANESTHESIOLOGY	Foulk, Arnold R Jr, MD Greeley Medical Clinic 1900 16th St Greeley, 80631 WELD COUNTY MED. SOC.	353-1551	Han, John S, MD 1701 23rd Ave, #H Greeley, 80631 (H) 4715 W 11th St Greeley, 80634 WELD COUNTY MED. SOC.	ANESTHESIOLOGY
			OB & GYNECOLOGY INFERTILITY		
Doxsee, George C, MD PO Box 1706 Greeley, 80631 (H) 1924 26th Ave Ct Greeley, 80631 WELD COUNTY MED. SOC.	ANESTHESIOLOGY	Gentry, Robert P, MD 2520 16th St Greeley, 80631 (H) 1717 14th St Greeley, 80631 WELD COUNTY MED. SOC.	356-2520	Harms, Thomas L, MD North CO Med Ctr Emer Dept Greeley, 80631 (H) PO Box 5239 Greeley, 80631 WELD COUNTY MED. SOC.	352-4121 EMERGENCY MEDICINE
			FAMILY PRACTICE		
Dunn, Thomas R, MD 1900 16th St Greeley Clinic Greeley, 80631 (H) 1923 15th St Greeley, 80631 WELD COUNTY MED. SOC.	353-1551	Gilmore, Bruce T, MD 2020 16th St Surgical Assoc Greeley, 80631 (H) 1947 19th St Greeley, 80631 WELD COUNTY MED. SOC.	352-8216	Hartley, Robert D, MD 1056 E 19th Ave Denver, 80218 (H) 1848 Homestead Rd Greeley, 80634 WELD COUNTY MED. SOC.	861-6052 PEDIATRICS
			GENERAL SURGERY THORACIC SURGERY TRAUMATIC SURGERY AMBULATORY MEDICINE TUMOR SURGERY		
Edwards, Stanley O, MD 2020 16th St Greeley, 80631 (H) 1871 Montview Blvd Greeley, 80631 WELD COUNTY MED. SOC.	351-7722	INTERNAL MEDICINE	353-4687	Hesse, Eugene J, MD PO Box 929 125 Main St Lasalle, 80645 (H) 6180 W 24th St Greeley, 80631 WELD COUNTY MED. SOC.	284-6971 330-7620 FAMILY PRACTICE

Hewitt, Glenn O, MD 1624 17th Ave Greeley, 80631 353-2040 (H) 2534 18th St Rd Greeley, 80631 356-1058 WELD COUNTY MED. SOC. RADIOLOGY	Jaouen, Richard M, MD 1640 25th Ave Greeley, 80631 356-3449 (H) 1400 45th Ave Greeley, 80634 356-9206 WELD COUNTY MED. SOC. PLASTIC SURGERY	Kim, Yu Hong, MD (Ret) North CO Med Ctr 1801 16th St Greeley, 80631 350-6970 (H) 6085 26th St Greeley, 80634 WELD COUNTY MED. SOC. ANESTHESIOLOGY
Hicks, James C, MD 1650 16th St Greeley, 80631 (H) 1022 19th Ave Greeley, 80631 WELD COUNTY MED. SOC. FAMILY PRACTICE	Johnson, Roger M, MD 1770 25th Ave, #204 Greeley, 80631 353-2000 (H) 1627 36 Ave Ct Greeley, 80634 WELD COUNTY MED. SOC. PSYCHIATRY	Kiser, Rick E, MD 1900 16th St Greeley, 80631 350-2452 (H) 2655 52nd Ave Ct Greeley, 80634 330-5758 WELD COUNTY MED. SOC. OB & GYNECOLOGY
Hipkin, David, MD 1650 16th St Greeley, 80631 (H) 4930 W 6th St Greeley, 80634 WELD COUNTY MED. SOC. FAMILY PRACTICE	Jung, Bruce R, MD 1650 16th St Greeley, 80631 (H) 1713 Fairacre Rd Greeley, 80631 WELD COUNTY MED. SOC. FAMILY PRACTICE	Kozloff, Stephen R, MD 2410 16th St Greeley, 80631 352-6353 (H) 1936 15th Ave Greeley, 80631 356-7664 WELD COUNTY MED. SOC. OB & GYNECOLOGY
Hiratzka, Paul S, MD 2410 16th St Greeley, 80631 352-6353 WELD COUNTY MED. SOC. OB & GYNECOLOGY	Kading, Steven O, MD 1900 16th St Greeley, 80631 353-1351 WELD COUNTY MED. SOC. GASTROENTEROLOGY INTERNAL MEDICINE	Kuykendall, Fred D, MD (Ret) (H) 4550 Pioneer Ln Greeley, 80634 352-6329 WELD COUNTY MED. SOC. GENERAL PRACTICE
Horner, Jillian E, MD 1650 16th Ave Greeley, 80631 (H) 2233 11th Greeley, 80631 WELD COUNTY MED. SOC.	Kahn, Robert J, MD 1624 17th Ave Greeley, 80631 353-2040 (H) 1917 25th Ave Greeley, 80631 WELD COUNTY MED. SOC. RADIOLOGY	Lembitz, Alan M, MD 1900 16th St Greeley, 80631 350-2425 (H) 1820 E 57th St Loveland, 80538 WELD COUNTY MED. SOC. FAMILY PRACTICE
Houghton, William A, MD 1650 16th St Greeley, 80631 WELD COUNTY MED. SOC. FAMILY PRACTICE	Kailasam, Velusamy, MD 1018 14th Greeley, 80631 330-5391 (H) 4204 W 21st St Rd Greeley, 80634 330-5802 WELD COUNTY MED. SOC. ALLERGY & IMMUNOLOGY	Leppla, Leslie A, MD 900 14th St Greeley, 80631 356-3993 WELD COUNTY MED. SOC. GENERAL PRACTICE
Humphries, William C Jr, MD 1900 16th St Greeley, 80631 350-2444 WELD COUNTY MED. SOC. CARDIOVASCULAR DISEASES	Kellman, Arlene M, DO 1028 5th Ave Greeley, 80631 353-9403 (H) 2009 18th Ave Greeley, 80631 WELD COUNTY MED. SOC. INTERNAL MEDICINE	Lim, Meng Lai, MD 1716 15th St Greeley, 80631 350-6680 (H) 1862 13th Ave Greeley, 80631 356-2385 WELD COUNTY MED. SOC. THERAPEUTIC RADIOLOGY ONCOLOGY
Hunter, Brett P, MD 2420 16th St Greeley, 80631 352-9064 (H) 1942 27th Ave Greeley, 80631 353-6478 WELD COUNTY MED. SOC. ORTHOPEDIC SURGERY	Kemme, Richard J, MD (Ret) (H) 3514 Wagon Tr Rd Greeley, 80634 330-5365 WELD COUNTY MED. SOC. ORTHOPEDIC SURGERY	Lindquist, Timothy C, MD 1900 16th St Greeley, 80631 WELD COUNTY MED. SOC. ORTHOPEDIC SURGERY
Hurst, John G, MD North CO Med Ctr 16th St & 17th Ave Greeley, 80631 350-6244 (H) 1811 Glenmere Blvd Greeley, 80631 353-6550 WELD COUNTY MED. SOC. EMERGENCY MEDICINE	Kim, Kwi Sook, MD (Ret) North CO Med Ctr 1801 16th St Greeley, 80631 350-6970 (H) 6085 26th St Greeley, 80634 WELD COUNTY MED. SOC. ANESTHESIOLOGY	Lininger, Thomas R, MD 1900 16th St Greeley, 80631 350-2410 (H) 1906 Homestead Rd Greeley, 80634 WELD COUNTY MED. SOC. INTERNAL MEDICINE ONCOLOGY
Jacobs, Kellie L, MD 1650 16th St Greeley, 80631 WELD COUNTY MED. SOC.		

GREELEY

Loeppke, Ronald R, MD

1900 16th St
Greeley, 80631
(H) 1446 41st Ave
Greeley, 80634
WELD COUNTY MED. SOC.
GENERAL PREVENTIVE MED
OCCUPATIONAL MEDICINE

Lord, Jonathan G, DO

1801 16th St
Greeley, 80631
(H) 1707 36th Ave Ct
Greeley, 80634
WELD COUNTY MED. SOC.
ANESTHESIOLOGY

Lower, Dennis L, MD

1900 16th St
Greeley, 80631 353-1551
(H) 1236 42nd Ave
Greeley, 80634 353-9776
WELD COUNTY MED. SOC.
INTERNAL MEDICINE

Lujan, Diana L, MD

1900 16th St
Greeley, 80631 350-2445
WELD COUNTY MED. SOC.
PEDIATRICS

Major, James C, MD

1900 16th St
Greeley, 80631
(H) 5218 W 26th St
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Mangum, William K, MD

2020 16th St
Greeley, 80631 352-8216
(H) 1108 49th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
GENERAL SURGERY
TRAUMATIC SURGERY
THORACIC SURGERY
TUMOR SURGERY
COLON & RECTAL SURGERY

Marsh, Randall C, MD

1900 16th St
Greeley, 80631 353-1551
(H) 1919 19th Ave
Greeley, 80631 356-3111
WELD COUNTY MED. SOC.
CARDIOLOGY

McCall, Janis R, MD

2520 16th St
Greeley, 80631
(H) 1421 40th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE

McDivitt, Robert B, MD

902 14th St
Greeley, 80631 353-5410
(H) 2631 12th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
GENERAL SURGERY

McVicker, John H, MD

1630 17th Ave
Greeley, 80631 356-4488
(H) 1833 Frontier Rd
Greeley, 80634
WELD COUNTY MED. SOC.
NEUROLOGICAL SURGERY

Mills, John W, MD

North CO Med Ctr
Greeley, 80631 350-6726
(H) 6 Dos Rios
Greeley, 80631
WELD COUNTY MED. SOC.
PATHOLOGY

Mogab, John C, MD

PO Box 3067
Greeley, 80633 356-1316
(H) 1122 50th Ave
Greeley, 80634 356-6598
WELD COUNTY MED. SOC.
ANESTHESIOLOGY

Murray, Ives P, MD

1801 16th St
Greeley, 80631
(H) 2605 W 19th St Rd
Greeley, 80631
DENVER MED. SOC.
ANESTHESIOLOGY

O'Neal, Jean P, MD

2410 16th St
Greeley, 80631 352-6353
WELD COUNTY MED. SOC.
OB & GYNCOLOGY

Oelrich, Carl D, MD (Ret)

(H) 2543 Highland Rd
Greeley, 80631 353-7580
WELD COUNTY MED. SOC.
GENERAL PRACTICE

Olds, Kenneth M, MD

2520 16th St
Greeley, 80631 356-2520
(H) 1212 50th Ave
Greeley, 80634 356-6636
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Osborne, Richard B, MD

Greeley Med Clinic
Greeley, 80631 353-1551
(H) 2500 W 20th St Rd
Greeley, 80631
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
GASTROENTEROLOGY

Pace, R Scott, MD

3400 16th St
Bldg #6 #K
Greeley, 80631 353-0155
(H) 4227 17th St
Greeley, 80634
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
ALLERGY & IMMUNOLOGY

Parkhurst, Aaron E, MD

2420 16th St
Greeley, 80631 352-9064
(H) 2007 26th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Parsons, Sally A, MD

2020 16th St
Greeley, 80631
(H) 2605 W 9th St Rd
Greeley, 80631
WELD COUNTY MED. SOC.
GENERAL SURGERY

Peetz, Michael E, MD

1900 16th St
Greeley Clinic
Greeley, 80631 353-1551
(H) 1855 Frontier Rd
Greeley, 80634
WELD COUNTY MED. SOC.
GENERAL SURGERY

Peetz, Shelley L, MD

3705 12th St
Greeley, 80634
(H) 1855 Frontier Rd
Greeley, 80634
WELD COUNTY MED. SOC.
ANESTHESIOLOGY

Peterson, James H, MD

2528 16th St
Greeley, 80631 356-4646
(H) 1951 Montview Dr
Greeley, 80631 356-4646
WELD COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Peterson, Keith E, MD

2528 16th St
Greeley, 80631 356-4646
(H) 1902 Homestead Rd
Greeley, 80634 330-0842
WELD COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Phelps, Herschel R, MD

1323 Harlow Ln, #2
Loveland, 80537
(H) 3542 Wagon Tr Rd
Greeley, 80634
WELD COUNTY MED. SOC.
OPHTHALMOLOGY

- Pratt, T Diane, MD**
1650 16th St
Greeley, 80631
(H) 1768 Glen Meadows Dr
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE
- Purdie, Frank R, MD**
North CO Med Ctr
1801 16th St
Greeley, 80631 350-6244
(H) 1527 44th Ave Ct
Greeley, 80634 352-6956
WELD COUNTY MED. SOC.
EMERGENCY MEDICINE
- Quinn, Richert E Jr, MD**
Greeley Med Ctr
1900 16th St
Greeley, 80631 350-2426
(H) 1845 Homestead Rd
Greeley, 80634 330-7198
WELD COUNTY MED. SOC.
GENERAL SURGERY
- Rademacher, Donald R, MD**
1900 16th St
The Greeley Med Clinic
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
NEPHROLOGY
- Rangel, Keith A, MD**
1028 5th Ave
Greeley, 80631 353-9403
WELD COUNTY MED. SOC.
FAMILY PRACTICE
- Ringel, Marc, MD**
1650 16th St
Greeley, 80631 356-2424
WELD COUNTY MED. SOC.
FAMILY PRACTICE
- Roberts, Gareth K, MD**
1624 17th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY
- Roberts, Gregory L, MD**
1650 16th St
Greeley, 80631
(H) 2429 24th St, #304
Greeley, 80631
WELD COUNTY MED. SOC.
- Rome, Clifford J, MD**
1900 16th St
Greeley, 80631 353-1551
(H) 2005 24th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Schaumburg, Edward G Jr, MD**
1624 17th Ave
Greeley, 80631 353-2040
(H) 3550 Rangeview Rd
Greeley, 80634 330-1538
WELD COUNTY MED. SOC.
RADIOLOGY
- Schmeh, Carl A, DO**
PO Box 1850
Greeley, 80632
(H) 3950 W 12th, #25
Greeley, 80634
WELD COUNTY MED. SOC.
OCCUPATIONAL MEDICINE
- Schneider, Thomas F, MD**
1650 16th St
Greeley, 80631
(H) 1915 12th St
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE
- Schwartz, Jeffrey C, MD**
1801 16th St
Greeley, 80631
WELD COUNTY MED. SOC.
EMERGENCY MEDICINE
- Shapiro, Miriam R, MD**
1650 16th St
Greeley, 80631
(H) 1022 19th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE
- Shields, David A, MD**
1900 16th St
Greeley, 80631
(H) 2306 45th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
DERMATOLOGY
- Shore, Roy H, MD**
900 14th St
Greeley, 80631 353-4322
(H) 1877 39th Ave
Greeley, 80634 330-4474
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
- Shwayder, Reynold I, MD (Ret)**
(H) 1433 Birch Ave
Greeley, 80631 352-0575
WELD COUNTY MED. SOC.
FAMILY PRACTICE
GENERAL PRACTICE
ALCOHOL & DRUG ABUSE
- Sills, Theron G, MD**
2020 16th St
Greeley, 80631 352-4284
(H) 3737 W 20th St
Greeley, 80634
WELD COUNTY MED. SOC.
PSYCHIATRY & NEUROLOGY
- Sisson, Earl M, MD (Ret)**
(H) 3950 W 12th St, #10
Greeley, 80634
WELD COUNTY MED. SOC.
PEDIATRICS
- Smith, Hubbard W, MD**
1900 16th St
Greeley, 80631 353-1551
(H) 3538 Wagon Tr Rd
Greeley, 80634
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
- Smith, Myron C, MD**
North CO Med Ctr
Greeley, 80631 350-6724
(H) 2250 64th Ave
Greeley, 80634 330-9104
WELD COUNTY MED. SOC.
PATHOLOGY
- Song, Yo-Jun, MD**
PO Box 3145
Greeley, 80633 330-5963
(H) 6150 W 24th St
Greeley, 80634
WELD COUNTY MED. SOC.
ANESTHESIOLOGY
- Stahman, Richard L, MD**
2520 16th St
Greeley, 80631 356-2520
(H) 1404 40th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE
- Stanton, Michael W, MD**
1802 16th St, #1
Greeley, 80631 351-6044
(H) 1751 38th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
CARDIOVASCULAR SURGERY
- Stone, Michael D, MD**
1900 16th St
Greeley, 80631
WELD COUNTY MED. SOC.
HEMATOLOGY
ONCOLOGY
- Sullivan, Patrick J, MD**
1601 25th Ave
Greeley, 80631 353-4085
(H) 1867 39th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
UROLOGICAL SURGERY
- Summerson, Donald J, MD (Ret)**
(H) 25 Alles Dr
Greeley, 80631 353-3680
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

GREELEY—GREENWOOD VILLAGE

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 1024 S Lemay Ave
 Fort Collins, 80524 482-4111
 (H) 11820 W Cnty Rd 64 1/2
 Greeley, 80631 686-2878
 LARIMER COUNTY MED. SOC.
 EMERGENCY MEDICINE

Vanetti, Carol S, MD
 1801 16th St
 Greeley, 80631 352-4121
 (H) PO Box 3237
 Greeley, 80633
 WELD COUNTY MED. SOC.
 EMERGENCY MEDICINE

VanVooren, James S, MD
 1650 16th St
 Greeley, 80631 356-2424
 (H) 3417 23rd St
 Greeley, 80631 330-6667
 WELD COUNTY MED. SOC.
 FAMILY PRACTICE

Vaughan, Judith B, MD
 1900 16th St
 Greeley, 80631
 (H) 1408 39th Ave
 Greeley, 80634
 WELD COUNTY MED. SOC.
 NEUROLOGY
 PHYSICAL MEDICINE & REHAB

Venbrux, Henry J, MD
 1801 16th St
 Greeley, 80631 352-4121
 (H) 2580 53rd Ave
 Greeley, 80634
 WELD COUNTY MED. SOC.
 PATHOLOGY

Watt, John E, MD
 3400 16th St
 Bldg 5 Suite W
 Greeley, 80631 356-1712
 (H) 1863 13th Ave
 Greeley, 80631 353-3282
 WELD COUNTY MED. SOC.
 INTERNAL MEDICINE
 ENDOCRINOLOGY & METABOLISM

Weaver, John A Jr, MD (Ret)
 39 Ward Dr, #101
 Greeley, 80634 352-6898
 WELD COUNTY MED. SOC.
 GENERAL SURGERY
 GENERAL PRACTICE

Weeks, Jeffrey B, MD
 3400 16th St, #P
 Greeley, 80631 356-4040
 (H) 5905 24th St
 Greeley, 80634 330-1098
 WELD COUNTY MED. SOC.
 OPHTHALMOLOGY

Weil, Jerry, MD
 North CO Med Ctr
 Greeley, 80631 350-6727
 (H) 1404 23rd Ave Ct
 Greeley, 80631 353-2630
 WELD COUNTY MED. SOC.
 CLINICAL PATHOLOGY
 ANATOMIC PATHOLOGY

Welch, John R, MD
 1500 16th Ave Ct
 Greeley, 80631 353-3443
 (H) 1601 Glenmere Blvd
 Greeley, 80631
 WELD COUNTY MED. SOC.
 OPHTHALMOLOGY

Wheeler, James R, MD
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Howard, K Mason Jr, MD (Ret) 5575 DTC Pkwy, #200 Englewood, 80111 779-0044 (H) 5 Village Dr Littleton, 80123 ARAPAHOE MED. SOC.	779-0044 795-9751	ORTHOPEDIC SURGERY	Kaufman, Joel M, MD 730 Potomac Aurora, 80011 344-5355 (H) 15 Meadowview Ln Littleton, 80121 AURORA-ADAMS COUNTY MED. SOC.	344-5355 781-3220 UROLOGICAL SURGERY	Langstaff, Samuel H, MD 191 E Orchard Rd Littleton, 80121 798-2523 (H) 2860 Willamette Ln Littleton, 80121 ARAPAHOE MED. SOC.	771-2781 FAMILY PRACTICE
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	GENERAL SURGERY			OB & GYNCOLOGY		
Rauzi, Frank R, MD 6169 S Balsam Way, #250 Littleton, 80123 (H) 6352 S Reed Ct Littleton, 80123 ARAPAHOE MED. SOC.	933-8130 973-6205	Rumack, Barry H, MD 600 Grant St 6th Floor Denver, 80203 (H) 4949 S Albion St Littleton, 80121 DENVER MED. SOC.	831-6501		Seegers, Winnifred, MD 601 E Hampden Ave, #535 Englewood, 80110 (H) 3605 W Berry Littleton, 80123 ARAPAHOE MED. SOC.	788-0100 INTERNAL MEDICINE
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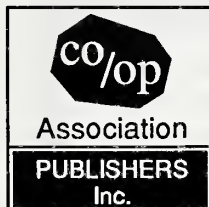
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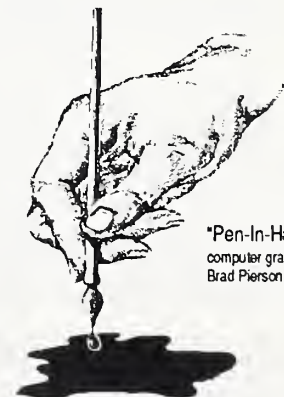
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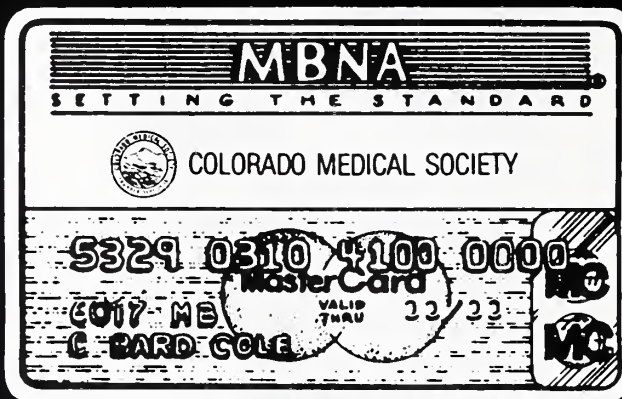
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COLORADO MEDICAL SOCIETY

Working for YOU!

The Colorado Medical Society was founded September 19, 1871, by a group of medical professionals to "promote the science and art of medicine and the betterment of public health".

Today, the Colorado Medical Society boasts over 4,200 members throughout the state. Its mission is "to be the leader in Colorado in advocating excellence in the profession of medicine and in the provision of medical care". Numerous activities are conducted by the Society in achieving this goal.

The Committee on Federal Legislation is charged with reviewing federal legislative health issues and the impact of these issues on Colorado citizens. It is the responsibility of this committee to convey the positions of the Colorado Medical Society to the Colorado delegation in Washington, D. C.

The Council on Legislation is the legislative arm of the Colorado Medical Society. The council is charged with reviewing legislative proposals and determining the impact the proposals may have on patient care and the practice of medicine.

The Task Force on the Colorado Health Data Commission monitors the activities of the Commission, such as the "Small Area Analysis Reports" outlining variations in practice patterns of Colorado physicians. The task force has brought together representatives of specialties and geographic locations to review the Health Data Commission reports and to develop its own analysis through the cooperation of the Colorado Hospital Association and the Colorado Foundation for Medical Care.

The Maternal and Child Health Committee continues to look at issues related to babies born to drug using mothers and participates in the **Child Fatality Review Committee**, established to develop and implement a standing child death review process in Colorado.

The Women in Medicine Section is developing a school project to facilitate the provision of comprehensive school health education in Colorado schools and the Council on Medical Service is developing guidelines for mid-level practitioners and, with the Emergency Medical Care Advisory Committee, mechanisms to improve rural emergency medical systems.

Colorado Medical Society also maintains a **Health Care Priorities Committee** which is reviewing health care rationing plans of other states; the **School Health and Sports Medicine Committee** is producing video training tapes on pre-participation sports physical examinations; the **Young Physicians Section** continues to be involved in the Medical-Legal Clinic for the Homeless, the Natural Science Ambassador's program with the primary and secondary schools; The **Colorado Medical Society Political Action Committee (COMPAC)**, a voluntary, non-profit, bi-partisan committee promotes political involvement and provides monetary support to state legislative candidates; the **CMS Education and Research Foundation (CMS-ERF)**, a non-profit foundation funded by endowments, gifts and contributions of physicians, supports medical student financial aid programs and grant-in-aid student research projects.

The **CMS Jail Health Care Project** continues to implement health care standards for county jails and state correctional institutions, training personnel in implementing these standards. This is a major public health program which impacts every Coloradan.

No...that's not all. That's just the tip of the iceberg representing the work of the Colorado Medical Society members and staff, all devoted to the continuing excellence of medical practice...the proudest and finest of all professions. CMS working for you, the physician and the patient.

The Pac Movement

The greatness of medicine in this country is an acknowledged achievement throughout the free world. It was accomplished by a united effort of every responsible agent—the physician, pharmacist, and researcher on one hand and the drug industry and our hospital and educational systems on the other. Only a free economic system made it possible. Basically we are all entrepreneurs in this highly competitive society and our inter-dependency becomes more apparent each day. We all demand freedom of choice from our clients and freedom of thought in our actions.

To preserve this unique system from perennial attacks so prevalent in our country today, medicine decided that some form of a political action committee would be necessary, and so AMPAC, the American Medical Political Action Committee, came into being about eight years ago. In eight years it has achieved an enviable position as the major spokesman for sound constitutional government for both political parties. AMPAC and COMPAC, the Colorado Medical Political Action Committee, have done this by educating, encouraging, and stimulating our members to take a more active and effective part in governmental affairs. When our members have come to understand the nature and action of government, they have been more successful in carrying out their formerly neglected civic responsibilities.

COMPAC is a voluntary, non-profit, unincorporated committee endorsed by the constituent societies that represent the physicians, dentists, osteopaths, and veterinarians in the State of Colorado. We are not affiliated with any political party, but we certainly encourage our members to participate actively in the party of their choice.

Our final goal is to make every member of our constituent societies feel the need for achieving individual political responsibility. Medical political responsibility is the only way that medicine will be able to guide and to provide for the medical needs of the future. We have successfully demonstrated that medicine can elect conscientious candidates for office, and through continued *UNITED* political action our efforts will develop and achieve goals thought now to be impossible.

Join your state PAC now!

Francis T. Candlin, DVM
Chairman, COMPAC

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II Northwest Rural – Intermountain Medical Society, Lake County Medical Society, Mount Sopris Medical Society, Mount Evans and Northwestern Colorado Medical Society (counties of Summit, Lake, Eagle, Garfield, Pitkin, Rio Blanco, Grand, Jackson, Moffat and Routt, and towns of Bailey, Conifer, Evergreen, Idaho Springs and Kittridge located in Clear Creek, Park and Jefferson Counties).

III Southeast Rural – Chaffee County Medical Society, Fremont County Medical Society, Huerfano County Medical Society, Las Animas County Medical Society, Otero County Medical Society, San Luis Valley Medical Society and Southeastern Colorado Medical Society (counties of Chaffee, Hinsdale, Park, Custer, Fremont, Huerfano, Las Animas, Bent, Crowley, Otero, Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache, Baca, Kiowa and Prowers).

IV Southwest Rural – Curecanti Medical Society, Delta County Medical Society, La Plata Medical Society and Montelore Medical Society (counties of Gunnison, Montrose, Ouray, San Miguel, Delta, Archuleta, La Plata, San Juan, Montezuma and Dolores).

V Arapahoe – Arapahoe County Medical Society (counties of Arapahoe, Douglas and Elbert, except city of Aurora).

VI Aurora-Adams – Aurora-Adams County Medical Society (city of Aurora and all of Adams County east of South Platte River).

VII Boulder – Boulder County Medical Society (Boulder County and the town of Erie in Weld County).

VIII Clear Creek Valley – Clear Creek Valley Medical Society (Clear Creek, Gilpin and Jefferson Counties and that part of Adams County west of the South Platte River).

IX Denver – Denver Medical Society and Student Medical Society (Denver County).

X El Paso – El Paso County Medical Society (El Paso and Teller Counties).

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COLORADO MEDICAL SOCIETY AUXILIARY



GENERAL INFORMATION

The Colorado Medical Society Auxiliary is a federation of physician's spouses in three expressions:

National -- The AMA Auxiliary

State -- The Colorado Medical Society Auxiliary

County -- Counterparts of individual county medical societies.

Auxiliary members:

- Provide support for each other at a time when changes in practice of medicine are so great;
- Participate in health projects and community service projects within their own communities;
- Become aware of and informed about issues pertaining to medicine;
- Promote good health practices, and;
- Educate the public about health issues or practices.

The real work of the auxiliary is done at the county level. Efforts are coordinated at the state level. And the whole picture is seen from the national level. The national auxiliary also provides resources and leadership training opportunities for all members.

We invite your inquiries. For membership information anywhere in the state, contact:

Pam Laman
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	Statewide	1-800-252-AIDS
Baby Your Baby Hotlines	Denver Area	377-2229
	Statewide	1-800-688-7777
Vital Records	(Recorded message on birth & death records)	320-8474

Section 3

COLORADO MEDICAL SOCIETY COMPONENT MEMBERSHIP INDEX

- Component Societies listed alphabetically
- Members listed under the Component Society with cross reference to geographic listings in Section 1

ARAPAHOE

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Sargent, Robert A; Littleton; Englewood
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Tschetter, Paul N; Englewood
Turley, Ginger T; Englewood; Aurora

Vanbuskirk, John A; Englewood; Littleton
Vanderark, Gary D; Englewood; Denver
Verkler, Christopher J; Englewood
Voorhees, Kenton I; Littleton

Wagner, Elaine D; Denver
Wallack, David; Littleton
Wanderer, Alan A; Englewood
Wassill, Valerie M; Denver; Littleton
Webb, Gordon V; Denver
Weily, Hugh; Denver
Weiner, Melvin H; Highlands Ranch; Denver
Weintraub, Alan H; Englewood
Wells, G Gray; Englewood
Wells, Gerald C; Littleton; Englewood
Whalen, William R; Denver; Littleton
White, Carleton B; Littleton
Wick, Albert M; Denver; Littleton
Wicks, Allan B; Denver
Williams, Jean E; Littleton
Williams, Linda L; Denver
Williams, Richard W; Littleton; Englewood
Williams, Roger A; Denver; Englewood
Williams, Warren L; Highlands Ranch; Littleton
Wills, Richard; Littleton; Englewood
Wilson, Brian R; Littleton
Wilson, W Bruce; Denver; Littleton
Winkler, James V; Denver
Winter, Clara L; Englewood
Wintory, Terry; Aurora
Wolf, Mark R; Littleton
Wood, Benjamin S Jr; Denver
Wood, John M; Englewood; Littleton
Wood, Lawrence Gilmore; Littleton; Denver
Woodard, Don E; Englewood; Denver

Wright, Roy R; Englewood

Youngberg, Joseph T; Englewood
Yukl, Richard L; Denver

Zaki, Sayed M; Denver
Zarlengo, Karen M; Denver
Zoller, Gregory W; Denver; Englewood
Zwiebel, Paul C; Littleton

AURORA-ADAMS COUNTY

Aeling, John L; Aurora
Ain, Jonathan D; Aurora; Englewood
Alanis, Joseph M; Englewood
Albright, Phillip H; Aurora
Alexander, Samuel E Jr; Denver; Aurora
Ashkar, Louis; Aurora
Avner, Sanford E; Denver; Englewood

Barlow, Michael C; Aurora
Battock, Dennis J; Aurora
Beck, Dennis M; Aurora; Boulder
Bentley, William H; Aurora
Bieser, Richard G; Aurora; Denver
Blackard, Carol J; Aurora
Bodnar, Judith K; Aurora
Bourne, Eugene E; Denver; Englewood
Brake, Janneutte; Brighton; Aurora
Brennan, James F; Aurora
Broadway, David R; Englewood
Brooks, Craig L; Aurora; Golden
Brugioni, Daniel J; Aurora
Buckley, Jerome M; Aurora; Denver
Burcham, James R; Aurora; Littleton
Butler, Gordon B; Kerrville TX

Cameron, Marvin N; Aurora; Denver
Canham, Douglas E; Aurora
Canham, Edward M; Aurora
Capin, Leslie R; Aurora
Cardos, Stephen F; Brighton
Carr, H Patrick; Aurora
Carstensen, Earl J; Aurora
Cersonsky, H Sol; Denver
Chan, Anthony W; Westminster
Clark, Sallie B; Aurora
Cohan, Jeffrey A; Thornton; Aurora
Cohen, Andrew I; Aurora
Contiguglia, S Robert; Denver
Cook, Keith G; Brighton
Copeland, F Aubrey; Littleton; Greenwood Village
Corcoran, Connie L; Aurora
Corren, Howard L; Aurora
Cort, Matthew B; Aurora; Denver
Cupps, Jerry L; Commerce City
Curran, Thomas E; Aurora

Delaney, James J Jr; Aurora; Denver
Demos, George T; Aurora
Denegri, Alberto; Fort Lupton; Denver
Dennington, Michael L; Aurora; Denver
DiBella, Nicholas J; Aurora; Parker
Dobrow, Malcolm S; Aurora; Englewood
Doucette, John W; Denver

Ecoff, Arthur; Denver
Ehrichs, Edward L Jr; Aurora

Eidsvoog, Carol A; Aurora
Eisenbaum, Allan M; Aurora
Eisenbaum, Sidney L; Aurora; Englewood
Eldridge, Joan E; Aurora
England, Jack D; Aurora; Sedalia
Everhart, Floyd R; Aurora

Fagan, Michael C; Aurora
Falbo, Anthony; Aurora
Fell, William F Jr; Aurora
Fieman, Richard A; Aurora; Englewood
Flaxer, Carl; Denver
Friedman, Kim S; Aurora; Denver

Gaede, Gary L; Aurora
Gallagher, John Q; Denver; Littleton
Garland, Gerard L; Denver
Garrett, William F Jr; Westminster; Denver
Gehret, Peter; Aurora; Englewood
Gellrick, Caroline M; Lakewood
Gerhold, John P; Denver; Englewood
German, Charles; Englewood
Gibbons, Ralph W; Aurora
Gibson, Matthew L Jr; Aurora
Gilmer, T Scott; Aurora
Ginsburg, Freeman M; Aurora
Gipson, William T Jr; Parker
Glassman, Kenneth P; Denver
Glassman, Richard I; Aurora; Englewood
Goldberg, Jan Paul; Aurora; Denver
Gordon, Irit W; Aurora; Greenwood Village
Graham, John R; Aurora; Englewood
Graham, William H; Aurora; Denver
Gray, J Stephen; Aurora
Grayson, David E; Brighton
Grazi, Sol Jay; Aurora
Green, Deborah; Fort Lupton
Greenberg, Jerry H; Aurora
Greenheck, Robert R; Denver; Aurora
Greenholz, Daniel J; Aurora; Denver
Griffith, John B; Englewood
Griffith, William F III; Aurora
Gross, Karl F; Aurora
Grossman, John A; Denver
Guillory, Gerard L; Aurora

Haas, John M; Aurora; Englewood
Halfmann, Lee R; Aurora; Denver
Hannemann, Martin D; Aurora; Golden
Hardy, Billee W; Aurora; Highlands Ranch
Harris, David W; Aurora; Englewood
Hattem, Albert R; Fort Lupton; Denver
Hawke, Jeffrey E; Aurora; Denver
Hayman, Mark P; Strasburg
Hayward, Bruce T; Aurora
Heaton, Angeline D; Denver
Heaton, Carl E; Denver
Hesterberg, Raymond C Jr; Aurora
Hiner, John M; Brighton
Holt, Charles J; Aurora; Englewood
Horvath, Joseph S; Aurora; Englewood
Howard, William L; Brighton; Boulder

Iskander, Laurice; Aurora; Littleton

Jalota, Renu; Aurora
Johnson, Robert W; Aurora
Joseph, Norman; Aurora

Kamau, Pius K; Aurora
Kaufman, Joel M; Aurora; Littleton
Keeler, F Brent; Aurora
Kesselman, Stephen E; Aurora
King, Otis J Jr; Aurora; Castle Rock
Kiovsky, Richard D; Aurora
Kirschman, Edward; Aurora; Englewood
Kirshenbaum, Gerald; Aurora; Englewood
Kistler, Dale C; Denver
Kitlowski, Noel P; Aurora
Klein, Melvyn H; Denver; Englewood
Kopelman, J Joshua; Aurora
Kovach, Drew A; Arvada
Kraus, G Thomas; Aurora
Krause, Kenneth D; Aurora; Denver
Kuhn, Kathleen R; Aurora; Denver
Kurtz, Michael L; Aurora; Denver

LeBow, John R; Aurora; Castle Rock
Lesznik, George R; Aurora; Denver
Levenson, Ian R; Aurora; Englewood
Levin, Paula R; Aurora; Highlands Ranch
Levinson, Mark B; Aurora; Denver
Lindenbaum, Barry L; Aurora; Englewood
Lindenbaum, Stephen D; Aurora; Englewood
Loeffler, Richard T; Aurora; Littleton
Lord, Edward L; Aurora
Losasso, Leonard J; Aurora; Englewood
Luethke, James M; Aurora; Denver
Luzietti, Richard G; Aurora; Littleton

Machanic, Bennett I; Denver
MacPhee, William M; Aurora; Denver
Manfre, Kenneth; Aurora; Englewood
Mangione, William J; Aurora; Denver
Manguso, Robert L; Aurora
Maniatis, William N; Aurora
Manier, Stephen M; Aurora
Marks, Galen D; Brighton; Erie
Marritt, Emanuel; Englewood
Martin, William M; Aurora
McLaughlin, John D; Aurora
Mehta, Pushpa S; Aurora; Englewood
Meltzer, Gerald E; Denver; Englewood
Michelson, Abraham K; Aurora; Englewood
Mikles, Devin A; Aurora; Denver
Miles, Wilfred W; Aurora
Miller, Bradford R; Aurora
Miller, Eugenia M; Aurora
Mishell, Jeffrey L; Denver
Molk, Barry L; Aurora
Montrey, Jill S; Aurora; Denver
Moore, John T; Aurora; Highlands Ranch
Mullinaux, Ernest B; Aurora
Mumma, Donna L; Aurora; Castle Rock
Munch, David M; Aurora; Englewood
Munro, George F; Brighton
Myers, John A; Aurora; Englewood

Nakakuki, Masafumi; Denver
Nauts, Ruth B; Aurora; Littleton
Newens, Adrian F; Denver
Nofsinger, Kenton D; Aurora; Englewood
Norton, Philip H; Aurora; Denver
Nowick, Martin E; Aurora; Englewood
Nuss, Donald D; Aurora

O'Dell, Robert A; Aurora; Denver
Odekirk, Larry L; Aurora; Castle Pines

Pajon, Eduardo R Jr; Aurora; Parker
Palmieri, Anthony J; Aurora
Patt, Richard A; Aurora
Pearlman, David S; Aurora; Englewood
Pearlman, Mark H; Aurora; Englewood
Pederson, Janet L; Aurora
Penn, Eugene C; Aurora
Peoples, Grant; Aurora
Phillips, Edward B; Boulder; Englewood
Poucel, Jean-Georges; Aurora
Press, Peter; Denver
Price, Paul O; Thornton; Denver

Quintana, Phillip D; Aurora

Rabinowitz, Jay S; Parker
Rasband, Rick W; Aurora
Reddy, Carol F; Denver
Reich, Marshall P; Aurora; Denver
Rein, Richard A; Aurora
Ribovich, Thomas C; Denver
Rockswold, Gordon A; Frisco
Rokicki, Robert R; Aurora
Roos, David Brian; Aurora
Rosenberg, Stanley; Aurora
Rothberg, Alan D; Aurora
Rothgeb, Eric J; Aurora; Parker
Rowan, Aloysius I Jr; Aurora
Russell, Asela C; Aurora; Denver

Samuelson, Stephen A; Aurora
Saunders, Mark O; Aurora; Denver
Schiff, Michael; Aurora; Englewood
Schulman, Eugene; Commerce City; Denver
Serota, Joseph F; Aurora; Englewood
Sherman, Morton E; Aurora; Englewood
Sherman, Susan A; Aurora; Englewood
Shesol, Barry F; Aurora
Shippert, Ronald D; Englewood; Littleton
Silverman, Leonard D; Aurora; Denver
Simon, David C; Aurora
Skahill, Steven E; Brighton
Smith, Christopher F; Aurora; Englewood
Snowden, Teresa; Aurora
Soler, Joseph J Jr; Aurora
Solomon, William A; Aurora
Squires, Robert S; Denver
Stanwix, Leslie A; Aurora
Starkey, Gerald H Jr; Aurora; Englewood
Stoffel, Philip T; Aurora; Denver
Stoll, Stephen L; Greenwood Village; Denver
Stuebner, Jon W; Aurora; Englewood
Sundland, Barry R; Aurora; Denver
Swarsen, Ronald J; Denver

Teal, Frederick F III; Denver
Thompson, Lee S; Aurora; Denver
Thomson, George; Aurora; Denver
Tomlinson, Charles O; Denver
Tormey, Anthony D; Aurora
Tyburczy, Joseph A Jr; Brighton

Urban, James G; Aurora; Greenwood Village

Varnell, Jeffrey L; Aurora; Englewood

AURORA-ADAMS COUNTY—BOULDER COUNTY

Varner, Lawrence N; Aurora; Englewood
Victor, Yona D; Aurora; Parker
Vigil, Jacob P; Aurora; Denver
Visconti, Paul B; Denver; Aurora

Waggoner, Jeffrey R; Aurora
Walker, Dennis E; Aurora; Denver
Warkentin, William J; Aurora
Warren, Darrell R; Aurora; Englewood
Watts, Thomas B; Aurora; Denver
Weaver, William D; Brighton; Lakewood
Webb, Terrell R; Aurora
Weinerman, Stewart K; Aurora; Englewood
Weingarten, Peter L; Aurora; Englewood
Wells, David W; Aurora; Parker
Wexler, Ralph M; Denver
Wick, James E; Aurora; Denver
Williams, Derek W; Aurora; Englewood
Willig, Michael; Aurora
Wilson, James P; Denver; Aurora
Wing, Diane L; Parker

Yasuzawa, S Steve; Aurora; Englewood

Zarlengo, Roland J; Denver
Zemel, Leonard R; Denver
Zimik, Luithuk; Brighton
Zimmer, Alexander H; Aurora; Denver
Zimmerman, Clark B III; Parker

BOULDER COUNTY

Abbott, W Richard; Boulder
Aldrich, Franklin D; Boulder
Alt, Brooke; Boulder
Amoroso, Christian R; Windsor; Longmont
Anker, Jeffrey L; Boulder
Appel, Theodore B; Boulder
Armour, Ross W; Vail; Avon
Aumiller, Charles L; Boulder
Austin, Daniel C; Boulder
Avery, John S; Boulder

Backup, Linda D; Longmont; Lyons
Balkins, A J Jr; Boulder
Baumgardner, Jan F; Boulder
Baumgartner, Ronald; Boulder
Beasley, D J; Boulder
Bedell, Richard F; Boulder
Bender, Brice J; Longmont
Benson, Alan E; Longmont
Berg, Kevin R; Longmont
Berry, William R; Longmont
Birn, Jeffrey I; Thornton
Bjerke, Randal D; Boulder
Blanchet, William L; Boulder
Bock, S Allan; Boulder
Bolles, Frank P; Louisville; Boulder
Bolles, Gene E; Boulder; Longmont
Bosley, Rex C; Boulder
Bowles, Charles R; Boulder
Brandt, David; Boulder
Britton, James A; Longmont
Brockway, Roger W; Longmont
Brubaker, William H; Boulder
Brudenell, Mary Dina; Boulder
Budge, John C; Longmont
Burrow, Claude H; Boulder

Burton, William V; Boulder

Cadora, Donald F; Boulder
Carpenter, Julie; Boulder
Carr, Alfred N; Longmont
Carrillo, Alfred B; Louisville
Carsey, Eben D Jr; Boulder
Carson, John D; Longmont
Carter, John E; Boulder
Cavanaugh, Kenneth J; Longmont
Cavanaugh, Patrick R; Longmont
Ceriani, Philip D; Longmont
Christensen, Carole; Boulder
Clark, James E; Boulder
Clark, Scott D; Longmont
Cletcher, John O Jr; Longmont
Colberg, Craig S; Longmont
Collins, Michael A; Boulder
Colton, Albert H; Longmont; Boulder
Conrad, William C; Boulder
Coryell, Laurie A; Lafayette; Greeley
Cowgill, Joseph S; Boulder
Crouch, Dee B; Boulder
Curtis, William S; Boulder

D'Arcy, Genet; Boulder
Daarud, R Scott; Boulder; Louisville
Daarud, Richard C; Boulder
Daehn, Mary J; Westminster
Darrah, Thomas J; Longmont
Dart, Douglas J; Boulder
Day, John R M; Boulder
Donnelly, John H; Boulder
Dougherty, Marilyn A; Boulder
Dubach, Kenneth F; Boulder
Dumler, Larry J; Boulder
Dunaway, Marvin R; Boulder

Eddy, Richard L; Boulder
Erling, William F; Boulder
Evans, Clayton A; Boulder
Ewing, Peter C; Boulder

Farrington, John F; Boulder
Fernandez, Lynne A; Boulder
Ferris, William D; Boulder
Fitzgerald, David T; Longmont
Fleagle, John T; Boulder
Franklin, D A; Boulder
Freeman, Ann E; Boulder
Freudenburg, James C; Longmont
Friedman, Joseph B; Thornton; Boulder
Fries, Stephen M; Boulder

Garmany, George P Jr; Boulder
Geesaman, Richard E; Boulder
Gelman, Lloyd D; Boulder
Gibson, Richard W; Boulder
Gildersleeve, Richard G; Boulder
Glode, John E; Longmont; Hygiene
Good, David M; Longmont
Gordon, Leon L; Mesa AZ
Grady, James R; Boulder
Grantham, J Geary; Boulder
Grasso, Ralph J; Boulder
Greenlee, Max R Sr; Boulder

Hackney, Terry L; Louisville; Boulder

Haimes, Mark D; Boulder
Haley, James S; Longmont
Hanley, Kevin W; Boulder
Hansen, Daniel G; Boulder
Harrison, Craig A; Boulder
Harrison, Mark N; Boulder
Harrison, Robin A; Boulder; Longmont
Hauck, Margaret E; Denver; Boulder
Henderson, Stephen R; Longmont
Hern, Warren M; Boulder
Hersch, L Brian; Boulder
Hibbard, H David; Louisville; Boulder
Hickman, Gerald M; Boulder
Higgins, Thomas; Boulder
Hilberman, Mark; Boulder
Hilty, Raymond W Jr; Boulder
Holt, Peter B; Longmont
Hudson, John L; Boulder
Husted, Joel R; Boulder

Imig, John R; Boulder

Jacobson, Jacob G; Boulder
Johnson, William M; Boulder
Johs, Stephen M; Boulder
Jones, Charles G; Boulder
Jones, David W; Boulder; Longmont
Jones, Harry D; Longmont
Jorgensen, Roger L; Longmont

Kahn, Kenneth A; Boulder
Kaniuk, Marlene F; Boulder
Kelley, Severance B; Longmont
Kellum, Donald L; Boulder
Kipfer, Roger K; Louisville; Boulder
Kirchner, Robert L; Louisville; Boulder
Knapp, H G Robert; Boulder
Knopper, Morton P; Longmont; Boulder
Koelsch, Harmut W; Longmont
Koh, Kilsan; Boulder
Kornberg, James P; Boulder
Krieger, Gary R; Denver; Boulder
Kroger, J Stephen; Longmont
Kuisle, Hans R; Boulder

Laitos, Mark M; Longmont
Lane, Richard A; Boulder
Lavrins, David A; Longmont
Lewis, Jeanne D; Boulder
Lewis, Paul K Jr; Boulder
Lillydahl, William C; Boulder

MacFarlan, Sherburne M; Boulder
Mackell, Paul E; Boulder
Macsalka, Mary A; Boulder
Macsalka, Robert E; Boulder
Marbry, George W; Boulder
Marcotte, Dale D; Boulder
Markey, Joseph W; Boulder
Martin, Christopher H; Sun City AZ
Maurer, Lawrence E; Boulder
Maxwell, George S; Longmont
Maxwell, Mary S; Boulder
McCarty, David W IV; Longmont
McCauley, John R; Longmont
McFarland, Osmyn W; Boulder
McGroarty, Saralee R; Longmont; Boulder
McKenna, Michael P; Longmont; Loveland

Mead, Daina C; Louisville
 Mehler, Robert E; Boulder
 Menzel, Mark L; Boulder
 Meyer, John E; Boulder
 Miles, Norman A; Louisville
 Miller, Denise M; Longmont
 Montbriand, Joel R; Boulder
 Mooney, Herbert S Jr; Longmont
 Moore, Donald B; Boulder
 Moore, Richard H; Louisville; Boulder
 Moorhead, Kenneth D; Boulder
 Moran, Patrick L; Boulder
 Mossberg, C Eugene; Longmont
 Murphy, James T; Boulder

Nelson, Roy G; Louisville
 Newsom, Marilyn M; Boulder
 Nicolay, Donald L; Boulder
 Nissim, Joseph J; Longmont; Boulder

Ogden, McAlpine P; Boulder
 Olijnyk, Irene; Longmont
 Oppenheimer, David A; Boulder

Padrnos, Richard E; Boulder
 Peshock, James R; Boulder
 Pfile, E F; Longmont
 Phillips, Barbara A; Boulder
 Pinto, Randolph A; Louisville
 Plazak, Dean J; Boulder
 Podlecki, David A; Longmont
 Powers, Douglas K; Longmont; Platteville
 Pressley, Richard L; Boulder; Longmont

Rabold, James G; Lafayette; Boulder
 Raybin, James B; Boulder
 Rector, James B; Boulder; Longmont
 Rector, Susan E; Boulder; Longmont
 Reitinger, Russell G; Longmont
 Replogle, Scott L; Louisville; Boulder
 Rice, Glenn R; Boulder
 Rice, Lee E; Boulder
 Rickard, Paul C; Boulder
 Roach, Susan I; Longmont
 Roberts, William A; Boulder
 Rosen, Gary B; Boulder
 Roter, David L; Boulder
 Rubright, Mark W; Longmont
 Rupp, Gerald R; Longmont
 Russell, George R; Boulder
 Ryan, John P; Boulder; Lyons

Salter, William J; Boulder
 Scaer, Robert C; Boulder
 Schaten, Robin L; Longmont
 Schilling, Donald H; Boulder
 Seale, William B; Boulder
 Shepherd, Carolyn M; Lafayette; Boulder
 Sherrod, Dale B; Longmont
 Shiovitz, William D; Boulder
 Simons, David R; Boulder
 Sitarik, Mark A; Boulder
 Smith, Jerry; Denver
 Sneddon, Wallace A; Longmont
 Snyder, Alan L; Boulder
 Sowl, Duane D; Boulder
 Stacey, N Russell Jr; Longmont
 Stark, George L; Boulder

Stein, Donald W; Boulder
 Steinbaugh, John R; Boulder; Louisville
 Stephens, George K III; Boulder
 Sternberg, Patrick E; Boulder
 Stewart, James D; Boulder
 Stewart, Stephen K; Longmont
 Stjernholm, Melvin R; Boulder
 Stormo, Alan C; Boulder
 Striplin, Michael R; Boulder

Takahashi, William Y; Boulder
 Tanenbaum, Marc H; Longmont
 Thayer, David O; Boulder
 Thompson, V James; Boulder
 Thron, Ann L; Boulder
 Tripp, Warren I; Boulder; Louisville
 Turnbow, Joe F; Boulder
 Turvey, B Edward Jr; Boulder

 Valencia, Warren H; Longmont
 Vandenberg, Joseph P; Boulder
 VanHook, Charles J; Longmont
 Vickland, James R; Longmont; Berthoud
 Vito, Richard A; Boulder
 VonGortler, Michael; Boulder

Ward, Jonathan M; Boulder
 Waters, Robert M; Boulder
 Watts, Clifford K; Boulder
 Weber, Philip F; Boulder
 Weddel, Stephen J; Longmont
 Weiner, Steven M; Boulder
 Wherry, Harry L; Longmont
 Wherry, Patrick L; Longmont
 Whitehead, Stephen B; Boulder
 Wiederman, Francis J; Longmont; Denver
 Williams, John M Sr; Longmont
 Williams, William J; Boulder
 Wilson, Don E; Longmont
 Wilson, Linda L; Denver; Boulder
 Wittenberg, Ernst; Boulder
 Wolf, Howard C; Lafayette; Longmont
 Wolfe, Roy E; Boulder; Broomfield
 Wood, Lorraine E; Boulder

Yost, Byron A; Longmont
 Young, George T; Boulder

Zen, Calvin T F; Longmont
 Zick, H Rolan; Boulder
 Ziolkowski, Thomas J; Longmont; Boulder

CHAFFEE COUNTY

Arnett, David M; Salida

Barkett, V Michael; Salida

Cline, Donald W; Salida

Fisher, H Calvin; Colorado Springs

Keefe, Harry R; Salida
 Kirkpatrick, Glen R; Buena Vista

Leonardi, Leo J; Salida
 Loeffel, Edwin J Jr; Buena Vista

McCallon, T Dwaine; Buena Vista
 McGowan, Robert A; Buena Vista
 Mehos, William G; Salida

Sandell, Thomas G; Salida
 Stampfli, Wendell P; Rochester MN

Vaughan, Robert T Jr; Buena Vista

Weber, Mark W; Salida

CLEAR CREEK VALLEY

Adams, Lief E; Thornton; Northglenn
 Adler, Kenneth G; Wheat Ridge; Lakewood
 Andrews, Francine G; Lakewood; Golden
 Anger, Michael S; Thornton; Aurora
 Anthony, Ward R; Wheat Ridge
 Apke, Richard J; Westminster; Denver
 Augspurger, Richard R; Wheat Ridge; Lakewood
 Augustitus, V Karen; Lakewood
 Axelrod, Stephen L; Denver
 Axtell, H Kent; Lakewood
 Ayres, Steven J; Westminster; Denver

Bahlman, Steven H; Wheat Ridge; Golden
 Bane, James J; Longmont
 Barber, Donn R; Denver; Aurora
 Barcz, Dennis V; Arvada
 Barfield, Lawrence F; Denver
 Barnacle, John C; Westminster; Denver
 Barnhart, Eric D; Northglenn; Denver
 Baronberg, Neiel D; Lakewood; Denver
 Barter, Mark; Denver
 Bassow, Elizabeth M; Wheat Ridge; Denver
 Bassow, Solomon H Jr; Wheat Ridge
 Baumgartner, Werner K; Lakewood
 Beach, Dee J; Denver; Broomfield
 Berg, Dal H A; Thornton; Westminster
 Bernstein, Leonard D; Thornton
 Besch, Nicholas J Jr; Arvada
 Best, Thomas E Jr; Wheat Ridge
 Birenboim, Harold L; Wheat Ridge; Denver
 Bishop, Richard P; Broomfield
 Bjork, Floyd J; Golden
 Blanchard, Thomas J; Commerce City; Northglenn
 Borkert, Daniel T; Lakewood; Denver
 Bourg, Wilson C III; Lakewood
 Brandstetter, Greta K; Thornton
 Brelje, Mabel C; Lakewood
 Brenman, Steven A; Wheat Ridge
 Brown, Courtney W; Lakewood
 Brundige, Richard L; Lakewood
 Bryan, Richard Wm D; Lakewood
 Buckley, Charles A; Evergreen
 Buckley, John E; Denver
 Burcar, Patricia J; Westminster

Campbell, Barton H; Arvada
 Campbell, Bernard E; Lakewood; Denver
 Campbell, Douglas M; Lakewood; Denver
 Campbell, Thomas P; Wheat Ridge; Denver
 Canaday, Peter G; Denver
 Carlin, Allan W; Wheat Ridge
 Carpenter, David E; Wheat Ridge; Arvada
 Carpenter, Joseph D; Lakewood
 Caskey, Jennifer H; Wheat Ridge
 Cease, James I; Northglenn; Denver

CLEAR CREEK VALLEY

Cedars, Chester M; Denver; Englewood
Cerrone, Donald A; Wheat Ridge
Chaffee, Charles B; Wheat Ridge; Denver
Chambers, Jodi A; Denver
Chandler, Earl L; Wheat Ridge
Chu, Henry D; Denver
Claassen, Duane A; Lakewood; Denver
Cleveland, Henry C; Denver
Clifford, Dennis P; Wheat Ridge; Evergreen
Cline, Foster W Jr; Evergreen
Coffman, Delmar L; Wheat Ridge
Cohen, Harvey M; Denver; Englewood
Cohen, Richard S; Lakewood; Denver
Collins, Dale W; Denver; Lakewood
Conner, Wayne L; Denver; Lakewood
Coonan, John E; Wheat Ridge; Golden
Cooper, Daniel R; Cherry Hills
Coringrato, Mario A; Lakewood
Coulter, Robert L Jr; Wheat Ridge
Cox, William F Jr; Wheat Ridge; Golden
Crawford, Gayle P; Arvada; Littleton
Cutrell, Louis M Jr; Wheat Ridge; Arvada

Dahl, Carl R; Wheat Ridge; Golden
Dahl, John H; Lakewood; Denver
Daneshbod-Skibba, Ghodsi; Arvada
Danner, Paul K; Denver; Littleton
Davis, Charles A; Wheat Ridge
Davis, I Stephen; Lakewood; Denver
Dean, Carlton M; Wheat Ridge; Golden
Demarco, Frank J Jr; Wheat Ridge; Golden
Dickey, Gary D; Denver; Littleton
Dilorenzo, Pasquale A; Wheat Ridge; Arvada
Dinenberg, Stephen; Lakewood
Dixon, Robert J; Denver; Fort Collins
Doig, David J; Lakewood
Doig, William L; Lakewood
Domaleski, Robert P; Wheat Ridge
Donaldson, David H; Lakewood; Golden
Dorr, Eugene A; Lakewood; Littleton
Douglas, Kenneth R; Wheat Ridge; Arvada
Doyle, Herman E; Denver
Dracon, Dan; Lakewood
Driver, Thomas F; Lakewood
Dubelman, Alan D; Thornton; Englewood
Dunkin, Don E; Thornton; Brighton

Eaton, Wyley E; Golden
Elsey, Edward C Jr; Lakewood
Elzi, Richard L; Denver; Golden
Erben, Ivo; Westminster; Arvada
Erickson, Larry R; Lakewood; Golden
Erickson, Ty B; Arvada; Highlands Ranch
Essig, Julia A; Broomfield
Eule, John Jr; Denver
Evenson, E Harold; Wheat Ridge; Golden

Faraci, Robert P; Denver
Ferrell, John T; Denver; Arvada
Fischer, John A; Thornton
Fleischaker, Gordon H Jr; Wheat Ridge; Lakewood
Fleming, John A; Lakewood
Fletcher, Sarah S; Lakewood; Denver
Ford, John J III; Westminster
Forman, Ernest E; Denver; Lakewood
Foster, Michael A; Denver; Aurora
Fowler, Freeman D; Riverton WY
Friermood, Tom G; Lakewood; Golden

Fry, Thomas G; Wheat Ridge; Golden
Furman, Joseph; Golden; Lakewood
Garland, Dave T; Denver; Lakewood
Gartner, Charles H; Denver
Garza, Luis R; Thornton; Boulder
Gerber, Michael J; Wheat Ridge; Denver
Gill, John R; Wheat Ridge; Lakewood
Giorno, Ralph C; Denver
Gjellum, George R; Golden
Goad, Lloyd H; Golden
Goddard, William B; Lakewood; Wheat Ridge
Goff, John S; Denver
Golbert, Thomas M; Lakewood; Denver
Goldstein, Charles; Denver
Goodman, Neal; Denver; Englewood
Gordon, John D; Broomfield; Denver
Gorelik, Julia; Broomfield; Westminster
Gottlieb, Thomas B; Arvada
Gray, Jan L; Lakewood; Golden
Greenberg, David C; Denver
Gregory, James J; Northglenn
Grosshans, Charles L; Lakewood
Grossman, Fred; Denver
Grover, Isabelle E; Lakewood

Hahn, Gary W; Wheat Ridge
Halfen, David P; Denver; Golden
Halley, Norman B; Westminster
Hammerberg, Eric K; Denver
Hammond, R Scott; Westminster; Evergreen
Harris, Lowell N; Wheat Ridge; Lakewood
Harrison, Martin R; Golden
Hartwig, Frank E; Denver
Hartzler, Janet K; Lakewood
Hausam, Thomas J; Wheat Ridge; Denver
Haynes, Robert G; Lakewood
Hemming, John G Jr; Lakewood
Henbest, Philip M; Denver
Henderson, Kenneth R; Denver; Broomfield
Herlevich, John C Jr; Westminster
Hersey, James Merrill; Golden
Higgins, Andrew G; Denver; Wheat Ridge
Hill, Douglas M; Thornton; Morrison
Hill, James R; Broomfield; Boulder
Hill, McArthur O; Wheat Ridge
Hilty, Daniel E; Wheat Ridge; Arvada
Hilty, Lydia B; Wheat Ridge
Hix, Ivan E Jr; Wheat Ridge; Golden
Hixon, Walter S; Littleton
Hodges, W Jeff; Denver; Golden
Hogan, James L; Westminster; Longmont
Hogg, Robert T; Broomfield; Westminster
Holley, Paul S; Wheat Ridge
Hollister, Elbert E; Lakewood; Evergreen
Holst, Stephen W; Wheat Ridge; Arvada
Howlett, Roger G; Arvada
Huggins, Gerald A; Denver
Hunter, Robert D; Englewood
Hutto, John M; Wheat Ridge; Lakewood

Iivonen, Roger Paul; Denver
Iwakiri, John; Arvada; Lakewood

Jabour, Christy; Arvada
Jacobs, Herbert L; Westminster; Denver
Jeffers, Thomas M; Arvada; Golden
Jekot, Chester B; Wheat Ridge

Jenkins, Raeburn M; Lakewood; Evergreen
Johnson, Charles B; Westminster; Golden
Jones, Arthur F; Wheat Ridge; Lakewood
Jones, Frederick A; Denver; Golden
Jones, Rodney H; Lakewood

Kandel, Elisabeth E; Broomfield
Kanger, William J Jr; Lakewood
Karlin, Joel M; Lakewood; Denver
Karsh, Lawrence I; Denver
Kassan, Stuart S; Wheat Ridge; Denver
Katchian, Azad; Lakewood
Kayser, Harold L; Littleton
Kelly, Barbara Fawcett; Lakewood; Denver
Kelly, Karen M; Wheat Ridge; Golden
Kessler, Charles J; Thornton; Westminster
Kief, Jan M; Arvada
Kinzler, Dale L; Arvada
Kirkpatrick, Douglas H; Denver; Englewood
Knight, Robert A; Arvada; Golden
Kolrud, Bonita L; Westminster
Konigsberg, Robert A; Arvada; Littleton
Konopka, Derek J; Denver
Kort, W Thomas; Lakewood; Littleton
Kramer, Ryan; Lakewood
Krauth, Lee E; Wheat Ridge; Evergreen
Krebs, Richard A; Wheat Ridge
Kreider, Larry W; Golden; Arvada
Kreutzer, Erik W; Lakewood; Denver
Krichbaum, Franklin M; Lakewood
Krichevsky, Paul; Lakewood; Golden
Kubitschek, William R; Mesa AZ
Kukral, Albert J; Lakewood

Lagerborg, Vincent A; Denver
Lampe, John A; Wheat Ridge; Denver
Landis, Henry; Litchfield Pk AZ
Langley, James W; Golden
Lapidus, Robert J; Wheat Ridge; Evergreen
Laubach, Sherri J; Lakewood
Law, Dennis K; Wheat Ridge; Littleton
Law, Ronald K; Denver; Englewood
Leavitt, Timothy W; Wheat Ridge; Arvada
Lee, Robert K; Denver
Leistikow, David C; Broomfield
Leitch, William H; Denver
Lesage, Charles H Jr; Wheat Ridge
Lindquist, Valdemar A Y; Denver; Golden
Lischwe, Thomas J; Broomfield; Boulder
Lissauer, Werner A; Denver
Lokey, Hamilton Jr; Wheat Ridge
Long, David M; Westminster; Boulder
Lotman, Alfred C; Denver
Lowe, Thomas G; Wheat Ridge; Lakewood
Lucas, Madison J; Lakewood; Morrison
Lucy, Daniel R; Wheat Ridge

Mains, Charles W; Wheat Ridge; Golden
Malburg, Bernard J; Westminster; Denver
Mann, James G; Denver
Markel, William R; Broomfield
Markham, Allen M Jr; Denver
Maruyama, Herbert H; Lakewood
Maul, Herman S; Lakewood; Denver
Mayeda, Thomas K; Littleton
McCreedy, Gordon J; Wheat Ridge; Lakewood
McCreedy, Philip A; Wheat Ridge
McGee, Hugh J Jr; Wheat Ridge; Golden

McGuire, Brian M; Westminster; Lakewood
 McInerney, John R Jr; Golden
 McIntyre, Donald O; Lakewood
 McLauchlan, Lois; Littleton; Denver
 McLean, Anne B; Lakewood; Denver
 Mehra, Promilla; Wheat Ridge; Lakewood
 Mencini, Raymond A; Denver; Aurora
 Menconi, Lawrence R; Westminster; Denver
 Mendez, William H; Denver
 Mendoza, Carlos A; Westminster
 Messenbaugh, Robert L; Wheat Ridge; Denver
 Messner, Duane G; Lakewood
 Meyer, Maryethel; Lakewood
 Meyer, Ronald C; Wheat Ridge; Lakewood
 Miklin, Jerry S; Wheat Ridge
 Miller, David C; Lakewood; Wheat Ridge
 Miller, Paul D; Lakewood; Wheat Ridge
 Miller, Terry D; Wheat Ridge; Arvada
 Miller, William B; Lakewood
 Minton, Douglas G; Wheat Ridge
 Moore, Cyril S C; Denver
 Moore, John B; Wheat Ridge; Lakewood
 Moore, Patrick T; Denver; Englewood
 Morris, Dorothy L; Arvada
 Mosby, James R; Wheat Ridge; Evergreen
 Moss, G Wayne; Lakewood
 Moulton, Jeffrey S; Denver; Englewood
 Mozia, Nelson I; Wheat Ridge; Golden
 Mulligan, Michael Patrick; Broomfield
 Murphy, David M; Englewood
 Myers, R Douglas; Lakewood; Golden

Napoli, J Nicholas; Lakewood
 Neal, Billy J; Lakewood; Wheat Ridge
 Neeley, George R; Wheat Ridge; Evergreen
 Netz, Howard E; Lakewood
 Nibbe, Albert F; Wheat Ridge; Lakewood
 Nieder, Robert M; Englewood
 Ning, Theodore C Jr; Wheat Ridge; Evergreen

O'Connor, J William; Lakewood; Englewood
 Odom, John A Jr; Lakewood; Wheat Ridge
 Okin, J Thos; Denver
 Olshock, Richard; Wheat Ridge
 Olson, Dennis H; Wheat Ridge; Evergreen
 Olson, Robert H; Wheat Ridge; Golden
 Opatowski, Michael B; Denver
 Oppenheim, Walter H; Wheat Ridge
 Orzel, Joseph A; Denver; Littleton
 Otsuka, Alvin L; Denver

Pacheco, Jose P; Westminster
 Papadeas, Gregory G; Wheat Ridge; Denver
 Parker, Robert W; Westminster
 Parks, B Jefferson; Wheat Ridge
 Parry, Lynn; Lakewood; Littleton
 Parry, Thomas M; Edgewater; Lakewood
 Patel, Dayalji D; Thornton; Westminster
 Patridge, Mark F; Golden
 Payea, Norman P II; Lakewood; Wheat Ridge
 Pfenninger, Mark Wm; Wheat Ridge; Evergreen
 Pickett, H Manning; Lakewood; Evergreen
 Pirsch, Howard R; Denver
 Polevoy, Ira S; Lakewood; Evergreen
 Potts, William E; Lakewood; Denver
 Powell, Thomas T; Golden; Lakewood
 Ptasnik, Michael J; Denver; Englewood

Quackenbush, Kirk T; Lakewood
 Radetsky, Paul; Denver
 Raetz, David A; Denver; Golden
 Reich, Harvey M; Wheat Ridge
 Reynard, Kenneth B; Denver; Englewood
 Reynolds, Craig A; Lakewood
 Rhodes, Paul H; Lakewood
 Richards, Bruce C; Lakewood
 Richardson, Kenneth R; Lakewood; Englewood
 Richardson, Scott K; Westminster; Boulder
 Richman, Lee K; Wheat Ridge; Lakewood
 Rifkin, Ira; Lakewood; Littleton
 Ritzman, Vernon D; Wheat Ridge
 Roberts, Alfred D; Golden; Evergreen
 Roberts, Clarence J; Thornton; Broomfield
 Roberts, Donald G; Lakewood; Golden
 Roberts, William G; Westminster; Boulder
 Robinson, Walter G Jr; Wheat Ridge
 Roller, Richard J; Denver; Golden
 Rose, Virgil J; Denver; Brighton
 Rosenberg, Alan L; Denver
 Rosenberger, Alan B; Wheat Ridge; Lakewood
 Ross, Michael H; Arvada; Golden
 Rowland, Charles F; Lakewood
 Rudd-McCoy, Nancy A; Littleton; Englewood
 Ruderman, Jerome H; Denver
 Ryan, Donald W; Lakewood
 Ryan, Michael P; Lakewood
 Ryan, Sonia C; Lakewood; Golden

Saber, William L; Denver; Golden
 Sadler, Dean L; Lakewood
 Salzman, Emanuel; Denver
 Santoro, John A Jr; Thornton; Broomfield
 Sassano, Eugene; Wheat Ridge; Golden
 Saunders, Daniel T; Arvada; Golden
 Scanavino, David J; Wheat Ridge; Evergreen
 Schafer, Larry A; Wheat Ridge; Arvada
 Schmidt, Douglas R; Denver
 Schneider, Donald J; Denver
 Schuler, Willard D; Thornton; Westminster
 Schultz, Norman J; Wheat Ridge
 Segall, Neil C; Thornton; Denver
 Seigel, Robert S; Denver; Golden
 Self, William G Jr; Westminster; Denver
 Sell, Dean J; Denver
 Shane, James A Jr; Lakewood
 Sherman, Joseph M; Berwick PA
 Sherman, Leon H; Lakewood
 Shiffman, Richard N; Arvada
 Siegel, Gary L; Lakewood; Denver
 Sikand, Gita S; Denver; Englewood
 Silverberg, Stuart O; Westminster; Golden
 Simon, Robert B; Arvada
 Smernoff, Dean G; Denver
 Smiley, John W; Denver
 Smith, Bentley E; Arvada; Denver
 Smith, John P; Arvada; Golden
 Smith, William E; Denver; Lakewood
 Smythe, Stephanie; Broomfield; Louisville
 Snyder, Murray M; Arvada; Denver
 Snyder, Robert; Denver
 Sobel, John H; Thornton
 Spangler, Richard D; Denver
 Stabel, David E; Thornton; Westminster
 Stahl, Eric J; Lakewood; Golden
 Stedman, Edith L Bratton; Sarasota FL

Stedman, Wilfred D; Sarasota FL
 Stevens, Wayne E; Lakewood
 Stiff, Kaye L; Wheat Ridge
 Stofac, Robert L; Golden; Lakewood
 Storm, Thomas P; Denver; Northglenn
 Straehley, Douglas J; Wheat Ridge; Arvada
 Straits, B Joan; Wheat Ridge
 Strauss, Stanley G; Westminster
 Strickland, Darwin J; Denver
 Summers, Thomas C; Denver
 Sutherland, Jesse O Jr; Denver
 Svinarich, J Thomas; Denver; Westminster
 Sweeney, Thomas I; Wheat Ridge
 Sydow, Sylvia; Denver

Talmage, Mark D; Westminster; Denver
 Tarkanian, Malcolm A; Arvada
 Tate, Robert M; Denver
 Taylor, Colin V; Lakewood
 Tegtmeier, Ronald E; Golden
 Tepley, Fred H; Lakewood
 Thomas, Herbert J III; Lakewood; Denver
 Thompson, James D; Wheat Ridge; Silverthorne
 Thorne, John L; Lakewood
 Thumim, Martin B; Lakewood; Littleton
 Ting, J Karyl; Broomfield
 Tralla, Michael A; Wheat Ridge; Cherry Hills Village
 Traylor, Frank A; Wheat Ridge
 Tuerk, Kenneth; Denver

Underwood, Larry D; Wheat Ridge; Arvada

Vacanti, John J; Lakewood
 Vanderschouw, H M; Leadville
 VanDeWater, Frank W.; Lakewood; Denver
 Vellman, W Peter; Wheat Ridge; Littleton
 Vigor, William Jr; Wheat Ridge; Lakewood
 Vogt, Terry Ray; Evergreen
 VonRueden, Kurt W; Wheat Ridge
 Vostinak, William J; Westminster

Waller, John A; Arvada
 Watson, David L; Westminster; Aurora
 Watson, Donald D; Wheat Ridge; Lakewood
 Weiss, Edra B; Lakewood; Littleton
 Weiss, Peter; Denver; Englewood
 Weiss, Robert L; Arvada
 Weissmann, Max L; Denver
 Weston, Eugene L; Wheat Ridge; Golden
 Wheeler, Leonard; Wheat Ridge
 Whitaker, John B; Denver; Aurora
 Whitesel, John A; Denver
 Wicks, Jeffrey D; Denver; Evergreen
 Williams, Fred O; Evergreen
 Williams, J Stewart; Evergreen; Golden
 Williams, John F; Arvada
 Williams, Robert N; Lakewood; Denver
 Willis, Murray S; Wheat Ridge
 Wilson, Christopher S; Wheat Ridge; Highlands Ranch
 Winograd, Lawrence A; Denver
 Wolf, Robert J; Lakewood; Denver
 Wolfson, Robert H; Wheat Ridge; Lakewood
 Wood, Robert H; Arvada; Lakewood
 Woodward, John B; Wheat Ridge
 Wright, Robert C; Denver; Westminster
 Wright, W Lloyd; Arvada

Yakely, M Robert; Denver
 Yanover, Melissa J; Lakewood
 Yavorski, Sarah S; Westminster; Aurora
 Yocum, Harold A; Denver; Golden

Ziporin, Philip; Denver
 Zopf, Delvin L; Golden

CURECANTI

Armstrong, John P; Gunnison
 Auxier, Gary G; Montrose

Bachman, David C; Ouray; Ridgway
 Baker, John C; Thornton; Denver
 Benziger, Michael J; Montrose
 Brethouwer, N Robert; Montrose

Canfield, Thomas M; Montrose
 Chamberlain, Thomas J; Montrose
 Cole, Nicholas G; Montrose

Dickinson, Theodore C; Montrose

Falkoff, Gary E; Montrose

Garren, Laoretta F; Gunnison
 Gingery, Richard C; Montrose

Hanley, Richard G; Montrose
 Hawley, William J; Montrose
 Hobbs, Jan D; Montrose
 Hopple, Lynwood M; Montrose

Isgreen, John W; Montrose

Lambert, John C; Montrose
 Light, Mason M; Gunnison

Manhart, Harold E; Montrose
 Manhart, Richard A; Montrose
 McMurren, Jay W; Gunnison
 Mebane, David M; Montrose
 Meyer, Ronald W; Gunnison
 Meyers, J Kim; Gunnison
 Motley, Robert F; Montrose

Peak, James W; Montrose

Schoo, Michael J; Montrose
 Shannon, Richard D; Montrose
 Shaver, Charles R; Montrose
 Simon, Frederick S; Montrose
 Singleton, Albert O III; Galveston TX
 Story, Paul G; Montrose

Tarr, John S Jr; Gunnison
 Thurston, Jon R; Montrose

VanGemert, Robert J; Montrose

Wiard, Thomas D; Montrose
 Wiesner, Paul D; Montrose
 Winkler, Louis H; Montrose
 Wolkov, Jay M; Gunnison

DELTA COUNTY

Bennett, Robert J Jr; Delta
 Brown, Woodrow E; Hotchkiss

Comer, Hugh T; Delta

Dysart, Richard A; Delta

Frey, Charles T; Cedaredge

Giffin, James M; Delta
 Giffin, Lewis A; Delta

Hattel, Nick D; Delta
 Hebert, James O III; Delta; Telluride
 Hoisington, William D; Paonia

Nevarez, Max A Jr; Cedaredge

Padua, Steve A; Ridgway

Ridgway, Don N; Paonia

Speedie, Douglas K; Delta

DENVER

Aarestad, Norman O; Denver
 Abelman, Maxwell A; Denver
 Abernathy, Charles M Jr; Denver
 Abrams, Fredrick R; Aurora; Englewood
 Abrams, Richard S; Denver
 Abrums, William W; Denver
 Achee, Mitchell D; Denver
 Adams, William R; Denver
 Adolf, Arlis M; Denver
 Akers, David R; Denver
 Alagna, Paul; Rockville Ctr NY
 Albin, Richard E; Denver
 Albrecht, Bruce H; Denver
 Alexander, Martin M; Denver
 Allison, Olaf W; Denver
 Ambler, John V; Denver
 Amer, Jules; Denver
 Ammons, John T; Denver
 Ammons, Mark A; Denver
 Anderl, Vernon K; Englewood
 Anderson, Martin E; Denver
 Angello, Anthony L; Denver; Englewood
 Anneberg, A Lee; Denver
 Anouna, Sam; Denver
 Appelbaum, Jerry J; Denver
 Aptekar, Donald W; Denver
 Aragon, Guillermo E; Denver
 Arganese, Thomas J; Denver; Englewood
 Armstrong, George W III; Denver
 Arndt, Karl; Denver
 Arnold, Charles O II; Denver
 Aschberger, John J; Denver; Littleton
 Ashe, S M Prather; Denver
 Ashmun, Raymond V; Denver
 Asunsolo, Leopoldo G; Denver
 Atkins, Dale M; Denver
 August, Neil; Denver
 Awner, Steven; Denver

Baer, Sylvan B; Denver; Englewood
 Bagga, Guri "Singh"; Denver
 Bailey, William C; Denver; Englewood
 Baines, R Dixie Jr; Denver; Littleton
 Bakemeier, Richard F; Denver
 Baker, Claude D; Denver; Littleton
 Balkin, Gilbert; Denver
 Ballinger, Carter M; Denver
 Ballonoff, Larry B; Denver; Englewood
 Barbato, Lewis; Denver
 Barber, Edgar W; Denver
 Barchiesi, Barbara J; Denver
 Barkin, Roger M; Denver
 Barmatz, Hirsh E; Denver; Aurora
 Barnett, Carlton C; Denver
 Barsch, Thomas F; Denver
 Bartee, Roy A; Denver
 Barth, Robert L; Denver
 Barton, M Dennis; Denver
 Baughman, Jack L; Denver
 Baum, Robert S; Denver
 Beasley, Richard L; Aurora
 Beaudoin, Denise E; Denver
 Becky, Joseph R; Denver
 Bell, John D; Denver; Englewood
 Benedict, Claudia K; Denver
 Benner, Miriam C; Denver
 Bennett, Willis L; Denver
 Bennion, Ben W; Denver
 Berg, Robert N; Denver; Englewood
 Berger, Elwin; Denver; Englewood
 Berger, Sally C; Wheat Ridge; Lakewood
 Bernstein, Udell L; Denver
 Bernton, J Tashof; Denver
 Berris, Robert F; Denver
 Bershof, Edward; Denver
 Bertz, Michael W; Denver
 Berzins, Ina; Denver
 Bigelow, D Boyd; Denver
 Bigler, Jane E; Denver
 Binding, Ronald R; Denver
 Bissell, John; Denver
 Blair, Emil; Rockville MD
 Blair, James R; Denver
 Blaney, Loren F; Denver
 Bogan, Paul M; Denver
 Bogin, Robert M; Denver
 Bohlender, Timothy D; Denver; Westminster
 Bond, Marcus B; Golden
 Bondi, Raymond G; Denver
 Boswick, John A Jr; Denver; Englewood
 Bosworth, Robert G Jr; Denver
 Botha, Eleanor; Englewood
 Bowers, Abern E; Denver
 Bowling, F Lee; Englewood
 Bracke, Kurt M; Denver
 Brady, Kevin D; Denver
 Bramley, Howard F; Englewood
 Brantigan, Charles O; Denver
 Braude, Walter; Denver
 Bravo, Jaime F; Denver; Greenwood Village
 Breeze, Robert E; Denver
 Bremers, Harold H; Denver; Englewood
 Bremers, Jean M; Denver; Englewood
 Brennan, Joseph A; Denver; Englewood
 Brennan, Michael W; Denver
 Bricker, John W; Denver
 Briney, Walter G; Denver

Brockmann, Kent G; Denver
 Bronstein, Alvin C; Denver
 Broughton, Joseph O Jr; Denver
 Brown, Charles W; Denver; Englewood
 Brown, Robert K; Denver
 Browne, Hillary L;; Boulder
 Brubaker, James N; Denver
 Brunecky, Alice; Lakewood
 Brunko, Michael W; Denver
 Bryans, William A; Wheat Ridge; Denver
 Buchanan, Daniel H Jr; Denver
 Buck, George R; Denver
 Bumgarner, Frank E Jr; Denver
 Burgess, Alan W; Denver; Englewood
 Burke, M Shannon; Denver; Littleton
 Burrows, David A; Littleton
 Burrows, Edwin H; Denver; Englewood
 Butterfield, D G; Denver
 Butterfield, L Joseph; Denver

Callaghan, Edward E; Denver
 Campbell, David N; Denver; Littleton
 Campbell, Dorothy C; Lakewood
 Campbell, Frank C; Englewood
 Campbell, William A III; Denver
 Cantu, Cesar R; Denver
 Cantwell, Hendrika B; Denver; Golden
 Carlson, H Blair; Denver
 Carlson, Peggy L; Westminster; Aurora
 Carlson, Robert G; Denver
 Carpenter, Craig M; Denver; Golden
 Carson, Bonita S; Denver
 Carson, Stanley D; Denver
 Casper, Edmund; Denver
 Cattell, Richard B; Denver; Golden
 Cedarblade, Vincent G; Las Vegas NV
 Centeno, Christopher J; Denver
 Chalus, Dennis M; Denver; Englewood
 Chang, Franklin M; Denver; Littleton
 Chang, Jack H T; Denver
 Chapman, Robert G; Denver
 Char, David C; Thornton; Denver
 Charles, David M; Denver
 Childs, Samuel B; Denver
 Chilton, Sarah J; Denver
 Chisholm, John W; Denver
 Chisholm, R Neil; Denver
 Chisholm, Thomas N; Denver; Aurora
 Chitwood, Philip A; Aurora
 Choi, Susanna S; Lakewood
 Christiansen, Elinor T; Englewood
 Christopher, Kent L; Denver
 Citron, Daniel C; Denver
 Clark, Donald M; Denver
 Clark, Lee W; Westminster; Denver
 Clark, Mary J; Denver
 Clarke, Benjamin K; Denver
 Clarke, David R; Denver
 Clarke, J Philip; Denver; Englewood
 Clayton, Mack L; Denver
 Clifton, Guy D; Denver
 Cochran, John H Jr; Denver
 Cochrane, David R; Denver; Englewood
 Cohen, Edmond F; Denver
 Cohen, Max M; Denver
 Cohen, R Robert; Aurora
 Coleman, Thomas H; Denver
 Condon, William B; Denver

Cone, Ross B; Denver
 Conrad, Lily C A; Evergreen
 Conyers, David J; Denver
 Coogan, Mary A; Denver
 Cook, Philip S; Denver
 Cook, William R; Denver
 Cool, Carlyne D; Lakewood
 Cooper, Theodore A; Denver
 Coppinger, William R; Bay City TX
 Cosby, Michael P; Denver; Littleton
 Cotton, Ralph L; Wheat Ridge; Denver
 Coulter, Vicki L; Golden
 Cowen, Homer C; Denver
 Cox, W William A; Denver
 Craddock, Lane D; Denver
 Craigie, David A; Denver; Aurora
 Craigmile, Thomas K; Denver
 Crane, Hal S; Denver
 Cregger, Irby E; Denver
 Crockett, Emily B; Lakewood
 Cromer, Roy; Golden
 Crosby, James A; Thornton
 Cullen, Richard C; Aurora
 Cullimore, Kip C; Denver
 Cundy, Richard L; Denver
 Cunningham, R Ray; Jackson WY
 Curlman, George H Jr; Denver
 Curry, Marcia F; Denver
 Cusick, James M; Denver

Daeke, Donald A; Littleton
 Dafoe, Charles A; Denver
 Daniel, William E; Denver; Englewood
 Daniels, Bernard T; Greeley
 Davis, John K III; Denver
 Day, L Dorine; Denver
 DeBiose, David A; Fort Collins
 deCampo, Rosina E; Denver; Littleton
 deCampo, Teruel; Denver; Englewood
 Dedo, William R; Denver
 Delauro, John E; Aurora; Denver
 DeLine, James R
 Demong, Charles V; Denver
 Dennis, Douglas A; Denver
 Dennis, Mark A; Denver
 Denst, John; Denver
 Dickey, William C; Denver; Morrison
 Dilts, Stephen L; Denver; Morrison
 Dix, Corinne R; Denver
 Dobbs, Aubrey R; Denver
 Donovan, Edward J; Denver; Englewood
 Doster, Mildred E; Denver
 Douglas, Jan J; Denver
 Downs, David A; Denver
 Drake, Frank R Sr; Denver
 Drake, Thomas R; Denver
 Drury, Lawrence R; Denver; Evergreen
 Dubin, Frank I; Denver
 Duckett, Lisa L; Littleton
 Duman, Louis J; Denver
 Duman, Sidney; Denver
 Dunlop, Gentry R Jr; Aurora
 Dvorak, Linda; Denver

Eakins, Roger F; Denver
 Earley, William C; Parker
 Echernacht, Fred J; Littleton
 Eck, Frederick J Jr; Vail

Eckhoff, Donald G; Denver
 Eckhout, Gifford V; Denver
 Edwards, John A; Denver; Englewood
 Edwards, John E; Denver
 Egan, Cynthia C; Colorado Springs
 Ehrlich, Alan J; Boulder
 Eicher, Danny J; Denver
 Eickhoff, Theodore C; Denver; Littleton
 Eilert, Robert E; Denver; Littleton
 Eiseman, Ben; Denver; Englewood
 Elles, Mark E; Denver; Aurora
 Elliott, Donald P; Denver
 Elliott, Jeffrey L; Denver
 Ellis, James H Jr; Denver; Englewood
 Elzi, Ernest P; Denver
 Emmons, Lawrence L; Denver; Aurora
 Emrie, Philip A; Denver
 Engel, Stephen; Denver
 Engel, Tibor; Denver
 Ervin, Don L; Evergreen
 Esola, Christine C; Denver
 Espey, William M; Denver
 Estep, Gerald J; Denver; Littleton
 Evans, Richard P; Denver

Fairbairn, Scott J; Highlands Ranch; Westminster
 Farinholt, Jon W; Aurora; Englewood
 Farrin, John C; Golden
 Faseehuddin, Mohammed; Denver
 Faurot, Jay L III; Denver
 Fenoglio, Michael; Denver
 Ferguson, Stuart R; Denver
 Ferlic, Donald C; Denver
 Fieman, Naomi M; Englewood; Denver
 Fieman, Robert J; Denver
 Fieman, Sidney H; Denver
 Fineman, Bruce G; Denver
 Fink, Donald W; Denver; Englewood
 Fink, Kyle M; Denver
 Fischer, Javier A; Denver
 Fishman, Paul J; Denver
 Flanigan, Richard J; Denver
 Flax, Leo J; Denver
 Fletcher, Christopher S; Littleton
 Fliegelman, Martin J; Denver; Englewood
 Foley, Thomas H; Denver; Englewood
 Forstot, S Lance; Littleton; Denver
 Foster, Sydney; Orcas WA
 Foust, G T Jim Sr; Denver
 Foust, Glenn T III; Denver
 Fralick, E Howard; Denver
 Frangos, Pete G; Denver
 Frank, Michael S B; Denver
 Frankenburger, Louise B; Denver
 Franz, Elmer M; Denver
 Fredericks, Charles E; Colorado Springs
 Frederickson, Helen L; Denver
 Freed, Charles G; Denver
 Freed, Charles R; Denver
 Freedman, Marshall A; Denver
 Freedman, Walter L; Denver
 Freeman, Leonard; Denver
 Frey, Henry; Denver
 Friedland, Joseph D; Denver
 Friedman, H Harold; Denver
 Friedman, Verner; Denver
 Fujisaki, Charles K; Denver
 Fuller, William E; Denver

Funk, Allen E; Castle Rock
 Gabow, Patricia A; Denver
 Galloway, Frederick M; Denver; Lakewood
 Galloway, W Ben; Denver; Aurora
 Gamble, William E; Denver; Littleton
 Gannuch, Garret M; Denver
 Garcia, F A; Denver
 Gardner, Joseph H; Evergreen
 Gargan, Thomas J III; Denver; Englewood
 Garlick, Ivor; Denver
 Garner, Frank L; Denver
 Gay, Ralph E; Aurora
 Gelfand, Daniel E; Denver
 Geller, I Benjamin; Denver
 George, Stephen G; Denver
 Gerdes, Kendall A; Denver
 Germer, Nancy J; Lakewood; Englewood
 Gersabeck, Robert H; Denver
 Gershten, Mitchell J; Denver
 Giarratana, Charles E; Denver
 Gibans, Jonathan S; Denver
 Gibbons, Robert V; Denver
 Gibbs, Charles P; Denver; Englewood
 Gilman, Harold E; Rancho Mirage CA
 Gilman, James I; Denver
 Giltner, James B; Denver
 Ginsburg, Max M; Denver
 Ginsburg, Stanley H; Denver
 Gipson, Bernard F Jr; Denver
 Gipson, Bernard F Sr; Denver
 Glassburn, Alba R Jr; Denver
 Glasser, Richard H; Denver
 Glassman, Michael H; Denver; Aurora
 Godfrey, Clarke C II; Denver
 Goggans, Walter H; Denver
 Goin, Donald W; Denver
 Goldstein, Daniel A; Denver
 Goldstein, Joel H; Denver; Englewood
 Goldstein, Stephen A; Denver; Aurora
 Golitz, Loren E; Denver; Aurora
 Goodlin, Robert C; Denver
 Goodman, Reid A; Denver; Englewood
 Gore, Robert B; Denver
 Gottesfeld, Ray L; Denver
 Gottesfeld, Stuart A; Denver
 Gradick, Debra J; Morrison
 Graham, Rebecca S; Denver
 Gramowski, Thomas W; Denver; Lakewood
 Green, Thomas F Jr; Denver
 Greenberg, Roger; Denver
 Greenhalgh, Charles R; Denver
 Greer, Joseph C; Denver
 Grey, Leslie; Denver
 Griest, Deborah J; Denver
 Griffiths, Leonard L III; Denver
 Grogan, John M; Denver; Englewood
 Grow, John B Jr; Denver
 Grow, John B Sr; Denver
 Guerra, Frank; Denver
 Gurley, William D; Denver
 Gussman, Debra; Denver

Haase, Gerald M; Denver; Littleton
 Haerr, Carolyn; Denver
 Haley, A Thomas; Castle Rock
 Haley, Patrick D; Denver
 Halgrimson, Charles G; Denver

Halgrimson, Michael J; Lakewood
 Hall, Alan H; Denver; Evergreen
 Hall, Michael L; Denver
 Halouska, Don L; Denver
 Hamilton, Richard; Denver
 Hamlin, Charles; Denver
 Hammer, Raymond W; Litchfield Pk AZ
 Haney, Perry L; Aurora
 Hannum, John N; Denver
 Hansen, Lowell H; Denver
 Happer, Ian M; Denver
 Hardy, Ronald G Jr; Denver
 Harken, Alden H; Denver; Littleton
 Harvey, Duval E; Denver
 Harvey, Richard L; Aurora
 Harvey, Robert P; Denver
 Hashimoto, Christine; Denver
 Haughton, Kevin M; Denver
 Haun, William E; Denver; Englewood
 Hausmann, Gertrude S; Denver
 Hawes, Charles R; Denver; Littleton
 Heckman, Amilda R; Englewood
 Hedberg, John; Denver
 Heinz, Stephen M; Denver
 Heisterkamp, David V; Denver
 Heller, Arnold; Denver
 Heller, Eugene; Denver
 Hembre, Kristine; Denver
 Henry, Raymond W; Denver
 Henson, Robert E II; Denver
 Hepner, Harold J; Denver; Englewood
 Herman, James R; Fort Collins; Denver
 Hermann, Gilbert; Denver
 Hernandez, Jacinto A; Denver; Englewood
 Herndon, Cynthia G; Denver
 Herr, Elizabeth W; Denver
 Hess, Gary W; Denver; Englewood
 Higbee, Daniel R; Denver
 Hileman, Lyle S; Denver
 Hines, William L; Denver
 Hinton, Julie A; Denver
 Hirose, Hideo; Wheat Ridge; Golden
 Hoch, Peter C; Denver
 Hodges, Kathleen A; Denver
 Hoffenberg, Stephen R; Denver
 Hoffman, Murray S; Denver
 Hoffman, Richard E; Denver; Golden
 Hofsess, Donald W; Denver
 Hogle, Gregory A; Denver
 Holman, Andrew J; Aurora
 Holman, Joan D; Aurora
 Holt, G Waltermann; Bow Mar
 Holt, Steve A III; Denver; Lakewood
 Holtgrewe, Jeffrey L; Denver
 Hopeman, Alan R; Denver
 Hopf, Timothy R; Denver
 Houlton, William G; Aurora
 Hovland, Kenneth R; Denver
 Howell, Kathryn T; Denver
 Hrdlicka, Jan; Arvada
 Hughes, Robert H; Aurora
 Humm, John J; Aurora
 Humphreys, John A; Denver; Englewood
 Humphries, Jesse H; Denver
 Huston, Jeffrey D; Denver; Littleton
 Hutchinson, Dawn R; Denver
 Hutchison, David E; Denver
 Huttner, Walter A; Denver; Englewood

Huun, Mark A; Denver

Illige-Saucier, Martha; Denver
 Imber, Richard J; Denver
 Inkret, William Jr; Denver
 Ippen, Gregory A; Denver

Jackson, Alfred (Tad) W; Denver
 Jackson, William E; Denver
 Jacobs, Alexander; Denver
 Jacobson, Eugene D; Denver
 Jacoby, Richard M; Denver; Castle Rock
 Jacques, Thomas F; Denver
 James, Albert E; Denver
 James, Penelope C; Parker; Denver
 Jamison, Jacqueline H; Denver
 Jamroz, Brandt A; Denver
 Janowski, Robert R; Denver
 Jantz, Richard D; Denver
 Jardine, Robert L; Denver
 Jared, Roy A II; Denver
 Jaskunas, James M; Denver; Aurora
 Jennings, R Lee; Denver; Englewood
 Johnson, David W; Denver
 Johnson, Kent E; Denver; Englewood
 Johnson, Marvin E; Carmichael CA
 Johnson, Melvin A; Denver
 Johnson, R Reed; Denver; Littleton
 Johnson, Roger F; Denver
 Johnson, Stephen D; Denver; Golden
 Johnston, Robert P; Aurora
 Jonassen, Edward A; Denver
 Jones, Everette G; Denver; Golden
 Jones, George D; Denver; Lakewood
 Joseph, Jasmine J; Denver

Kadler, Karen M; Denver; Golden
 Kail, Thomas J; Wheat Ridge; Denver
 Kandel, George E; Denver; Littleton
 Kane, Gregory A; Littleton
 Kano, Jane S; Denver
 Kaplan, Herbert; Denver
 Kaplan, Max; Denver
 Karel, James L; Denver; Wheat Ridge
 Karsh, Harvey B; Denver; Englewood
 Kasunic, Louis B; Denver
 Kauvar, Abraham J; Denver
 Kauvar, Kenneth B; Denver
 Keats, William K; Denver
 Keener, William H; Denver
 Kelble, David L; Denver; Evergreen
 Kelly, James P; Denver
 Kennedy, L James Jr; Denver
 Kennedy, Thomas J; Englewood
 Kennedy, Timothy C; Denver
 Kennison, Herbert B Jr; Denver
 Kennison, Warren S; Denver; Golden
 Kent, Emma M; Lakewood
 Kettering, Lisa S; Littleton
 Khan, Muhammad F; Denver
 Kiernan, R Martin; Denver; Monument
 King, Talmadge E Jr; Denver; Aurora
 Kinzie, Jeannie J; Denver; Evergreen
 Kirk, John D; Denver
 Klapper, Jack A; Denver
 Klein, Russell C; Golden
 Klein, William M; Denver
 Kleinman, David M; Denver

Klenk, Eugene L; Denver
 Klingensmith, William C; Denver; Englewood
 Kobayashi, Thomas K; Denver
 Kosiak, Brian J; Aurora
 Kosmicki, Patrick W; Denver; Englewood
 Kramish, David; Denver
 Krekorian, Edmund A; Denver; Aurora
 Krohn, Kelly D; Denver
 Ksiazek, Karen; Denver
 Kurland, Stanley K; Denver

Lacy, George M; Denver; Englewood
 Lampe, John M; Denver
 Lang, Carol L; Aurora; Arvada
 Langendoerfer, Sharon I; Denver
 Lasater, Gene M; Englewood
 Lashlee, Cecil H III; Denver
 Lattes, Robert; Denver; Englewood
 Lauer, James W; Denver
 Lawrence, W Stewart; Denver
 Layden, Donna; Denver
 Lazaroﬀ, Alan; Denver; Englewood
 Leahy, Richard D; Denver
 Leder, Eric H; Denver
 Leder, Max M; Denver
 Leder, Robert; Denver; Englewood
 Lefkowitz, Donald J; Denver
 Leidholt, John D; Denver
 Leight, Harold C; Denver
 Lemon, John C; Aurora; Englewood
 Leo, Jan E; Denver
 Lepoff, Ronald B; Denver
 Lepore, Michael L; Aurora; Denver
 Levine, Joel S; Denver
 Levisohn, Leonard W; Denver
 Levitt, Peter W; Denver
 Levy, Jeffrey A; Denver
 Lewis, David A; Las Vegas NV
 Lewis, Evan L; Denver
 Lewis, Leonard A; Miami FL
 Lewis, Philip L; Denver
 Lienert, R Eugene; Denver; Englewood
 Lightburn, John L; Denver; Golden
 Lillehei, Kevin O; Denver
 Lindberg, James P; Denver; Golden
 Linder, Robert O; Aurora
 Lipscomb, William R; Tucson AZ
 List, James E; Denver; Littleton
 Litvak, John; Denver
 Livingston, Wallace H; Denver
 Locketz, Harold D; Denver
 Loeffler, Robert D; Denver
 Lombardi, James C; Denver
 London, Scott F; Denver
 Lowell, David H; Denver; Englewood
 Lowry, Hope; Englewood
 Lubchenko, Lula O; Denver
 Lubchenko, Michael A; Denver
 Lucas, John L; Denver; Littleton
 Lumian, Daniel R; Denver; Littleton

Macaluso, Frank A Jr; Denver
 MacCarter, Daryl K; Denver
 Mack, Marjorie A; Aurora
 Mack, Robert P; Denver
 MacMillan, Hugh A; Denver
 Macomber, Douglas W; Denver
 Madan, Veena; Denver

Maestas, Gilbert B; Denver
 Mahony, Thomas H Jr; Denver
 Major, Francis J; Denver; Englewood
 Major, Joseph J; Aurora; Englewood
 Maloney, J Michael III; Denver
 Malowney, Robert C; Englewood
 Manart, Frank D; Denver
 Mandel, Mickey J; Denver; Englewood
 Mangione, Ellen J; Denver
 Manke, William F; Denver; Englewood
 Mansour, M Ashraf; Denver; Aurora
 Manuele, Mark A; Denver
 Maresh, Gerald S; Englewood
 Markovchick, Vincent J; Denver; Golden
 Markson, Jay A; Denver
 Marx, Johann R; Denver
 Marx, John A; Denver
 Mason, Ulysses G III; Denver
 Mateskon, Charles A; Denver
 Matheson, Michael R; Denver
 Matthews, Frank D; Denver
 May, Richard G; Denver
 Maytum, Helen E; Denver
 McCallister, Dianne E; Denver
 McCallum, Douglas G; Denver
 McCarthy, Liam D; Littleton
 McCartney, Robert D; Denver
 McCaw, William W Jr; Denver
 McClean, Charles K; Denver
 McCleary, Edward L; Denver
 McClellan, Michael D; Denver
 McClintock, Homer G; Denver
 McCranie, Ronald E Jr; Denver
 McCrory, Charles B; Brighton
 McCroskey, Brian L; Denver
 McCurdy, Robert E; Denver
 McDaniel, Janice R; Grand Junction
 McDonald, Clark E; Denver
 McDonald, Roderick J Jr; Denver; Littleton
 McDonough, Gilbert L; Denver
 McDowell, Marion E; Denver
 McElpatrick, Robert A; Denver
 McElhinney, James P; Denver
 McFee, John G; Denver
 McGill, Joseph J; Denver
 McGlone, Frank B; Denver; Littleton
 McInnis, Timothy J; Denver
 McKenna, Robert L; Denver
 McKinnon, Douglas A; Denver
 McMahon, B Thomas; Denver
 McMillin, Kim I; Denver; Englewood
 McNeely, Lee K; Denver
 Meagher, David P Jr; Denver; Golden
 Meals, Samuel A; Denver
 Mehler, Philip S; Littleton; Denver
 Mehta, Sunder J; Denver; Englewood
 Meiner, William J; Denver
 Meister, Edward J; Denver
 Melinkovich, Paul; Denver; Evergreen
 Menhusen, Monty J; Denver
 Merrick, Thomas A; Denver
 Messerli, Patrick K; Denver
 Mestas, T Robert; Denver; Highlands Ranch
 Meyers, Barry E; Denver
 Meza, Felix; Denver
 Michalek, Michael; Denver
 Miles, Vincent N; Denver; Castle Rock
 Miller, Alvin P; Denver

Miller, Edward S; Denver
 Miller, Gerald M; Denver
 Minzer, Eugene R; Denver
 Mitchell, Roger S; Denver
 Moehring, Roswitha; Denver
 Moison, Susan A; Denver
 Moldauer, Leslie; Denver
 Molk, Leizer; Denver
 Momii, Dick D; Denver
 Monsour, James W; Denver
 Montana, Margaret A; Denver
 Moon, Arlie L; Yucaipa CA
 Moon, William A Jr; Denver
 Moore, Ernest E Jr; Denver
 Moore, Frederick A; Denver
 Moore, George E; Denver; Conifer
 Moore, Michael L; Denver; Englewood
 Moore, Randy L; Denver
 Moorman, Lemuel T; Denver; Aurora
 Morgan, Albert; Denver
 Morrell, Don L; Denver
 Mosko, Joel; Denver
 Mubarak, Asa'ad A; Wheat Ridge; Englewood
 Mueller, John F; Denver
 Muftic, Michael; Denver
 Muir, Bennett W; Parker
 Murahata, Sue A; Denver
 Murphy, Carla E; Denver; Golden
 Murphy, Daniel S; Denver
 Murray, Ives P; Greeley
 Mushinsky-Tralles, Ann V; Denver; Aurora
 Musman, David J; Englewood
 Musso, Carlo A; Denver
 Mutz, Austin; Denver

Nagorka, Anthony; Denver
 Narrod, James A; Denver
 Nazeri, Bahman; Denver
 Neerukonda, Shanti K; Aurora
 Nelson, Nancy E; Denver
 Nelson, William R; Denver
 Newman, Lee S; Denver
 Nieland, Leo J; Denver
 Niska, Lois R; Denver
 Nordin, John R; Lakewood; Littleton
 Norton, John T; Denver; Parker
 Nye, John R; Denver
 Nygaard, Airell L; Denver
 Nyhus, Ralph E; Denver; Lakewood
 Nystrom, Jillane K; Aurora
 Nystrom, Robert R; Aurora

O'Briant, Charles R; Denver
 O'Donnell, Richard S; Denver; Englewood
 O'Leary, Michael P; Denver
 O'Loughlin, Edward P; Denver; Aurora
 O'Meara, Owen P; Denver; Englewood
 Ogsbury, James S III; Wheat Ridge; Greenwood Village
 Ogura, George I; Denver
 Oliphant, Manford M Jr; Denver; Littleton
 Olsen, Eric B; Denver
 Onat, Maurine; Denver; Englewood
 Oppgaard, Charles R; Englewood; Denver
 Orr, Gretchen L; Denver
 Orr, William F Jr; Denver
 Overshiner, Kay L; Denver
 Owens, J Cuthbert; Denver; Englewood

Oxman, Albert C; Denver

Paessun, Rebecca J; Denver

Pang, Herman; Denver; Englewood

Panter, Edward G; Denver

Panter, Kent W; Denver

Panter, Nancy L; Lakewood; Denver

Papenfus, Kurt F; Aspen; Snowmass

Pappas, George; Denver; Littleton

Pardos, George J; Denver

Parker, Richard K; Denver

Parkinson, Wendy M; Denver

Parsons, Debra J; Denver

Parsons, Donald W; Denver; Littleton

Pash, Robert; Denver

Patten, Albert M; Denver

Patterson, Joseph H; Englewood

Paz, F Mark; Westminster

Pear, Bert Lincoln; Denver

Pearse, John R; Thornton

Peck, Mordant E; Denver

Pensack, Robert J; Steamboat Springs

Perlman, Daniel M; Denver

Perreten, Frank A; Denver

Petersen, Gordon W; Denver

Peterson, Craig A; Denver

Peterson, Edwin W; Denver

Peterson, Norman E; Denver; Littleton

Petty, Stephen T; Denver

Petty, Thomas L; Denver

Pharo, Susan A; Denver; Wheat Ridge

Phelps, Dwight S; Denver

Phillips, George L Jr; Denver

Phillips, Robert G; Denver

Philpott, Osgoode S Jr; Denver; Englewood

Pillow, Michael B; Denver

Ping, Donald W; Denver

Pizzo, Christopher J; Denver

Platt, Frederic W; Denver

Plaus, William J; Denver

Plunkett, Larry M; Denver

Pluss, William T; Denver

Pons, Peter T; Denver

Porreco, Richard P; Denver; Englewood

Poulsom, Edwin D; Denver

Prager, Nelson A; Denver; Warson Woods MO

Pratt, Elmer B; Littleton

Pratt, Jennifer A; Denver; Aurora

Prenzau, Werner S; Denver

Prinzing, J Fredric Jr; Denver

Prochoda, Karyn P; Denver

Propp, John G; Denver

Quintero, Peter S; Denver

Raattama, Ruth J; Denver

Rabin, Ronald A; Denver

Rademacher, Dana E; Englewood

Rademacher, Raymond J; Denver

Rahman, Syedshah N; Denver

Rainer, W Gerald; Denver

Rapaport, Alan M; Denver; Aurora

Ratcliff, Ralph G; Denver

Rathbun, Katharine C; Aurora

Ratigan, Richard D; Denver

Ratzer, Erick R; Denver; Littleton

Ravin, Rose S; Denver

Reckler, Sidney M; Denver

Reed, Barbara R; Denver; Englewood

Reed, Thomas A; Denver

Reimers, Wilbur L; Denver

Reiquam, C W; Denver; Lakewood

Rende, Roberto; Denver

Repsher, Lawrence H; Wheat Ridge

Rest, Arthur; Denver

Restivo, Jack L; Denver

Retallack, Louis L; Denver

Reveille, Robert M; Denver

Reynders, Michel A; Denver

Rhodes, Edward A; Denver; Englewood

Richardson, David L; Denver

Richardson, J William; Denver

Richardson, Leanne L; Denver

Richer, Michaleen; Denver

Richter, A Jason; Denver

Rider, Mitchell B; Denver

Riley, Conrad M; Denver

Ritchey, Elizabeth E; Denver; Englewood

Ritsick, Joseph A; Denver

Roberts, Donald M; Denver

Robinson, John W; Denver

Roe, Edward J III; Bakersfield CA

Roger, Sheldon; Denver; Englewood

Rogers, Jean C; Denver; Aurora

Rohren, Kurt W; Lakewood

Rondinelli, Robert D; Denver

Roos, David B; Denver; Littleton

Rosen, Reuven E; Denver

Rosenberg, Jonas S; Denver

Ross, Michael C; Denver

Rothman, David; Denver

Rowley, Mark C; Denver

Rubinowitz, Martin J; Denver

Rumack, Barry H; Denver; Littleton

Rumph, Jeffrey; Denver

Russell, Ruth K; Henderson

Ryan, Christopher B; Aurora

Rymer, Charles A; Denver

Safford, H R III; Denver; Englewood

Sanders, Richard J; Denver; Englewood

Sanidas, John D; Denver

Sartorio, Ernest Jr; Denver

Sawyer, Robert B; Denver

Sbarbaro, John A; Denver

Schaiberger, Peter H; Denver

Schaten, Mark A; Denver; Aurora

Schemmel, Janet E; Denver

Schick, Walter R; Denver

Schneider, Dieter W; Denver

Schneider, William A; Denver; Englewood

Schocket, Alan L; Denver

Schonebaum, Robert M; Englewood

Schoonmaker, Fred W; Denver

Schreck, Walter R; Denver

Schrier, Robert W; Denver; Englewood

Scott, Francis A; Denver; Englewood

Scott, Sarah K; Denver

Scott, Stephen C; Denver

Sedlacek, Scot M; Denver; Golden

Shander, David; Denver

Shealy, Stephen H; Littleton

Sheppard-Madden, Dena S; Thornton

Sherbok, Bernard C; Denver

Sheridan, E Paul; Denver

Sherman, Joseph H; Scottsdale AZ

Shidler, Elmore J; Brighton

Shields, Lloyd V; Denver

Shiota, Merrilynne G; Westminster

Shipman, Karl H; Denver

Shira, James E; Denver; Englewood

Shpall, Zachary I; Denver

Shwayder, Aaron J; Denver

Shwayder, Montimore C; Denver

Sides, Leroy J; Denver

Silvestri, H Peter; Denver

Simon, John S; Denver

Simpson, C Kelley; Lakewood

Skeehan, Raymond A Jr; Denver

Slagle, DeRoy W H; Pasadena CA

Slonim, N Balfour; Denver

Smail, W Carlyle Jr; Denver; Englewood

Smith, Brent J; Denver; Englewood

Smith, Edwin R; Denver; Englewood

Smith, Elwin A; Denver; Littleton

Smith, Frederick R III; Denver

Smith, Richard H; Denver

Smyth, Charley J; Denver

Snider, Bernard H; Denver

Snively, Steven L; Denver; Littleton

Snyder, Joseph; Denver

Snyder, Michael E; Denver

Soffer, Patricia G; Denver

Solano, Mark D; Denver

Sondheimer, Henry M; Denver

Sorkin, Marc J; Denver; Littleton

Spatt, Peter D; Denver

Spees, Alan J; Denver; Littleton

Spees, Everett K Jr; Denver

Spence, Kimball J; Nevada; Aspen

Spencer, J Robert; Aurora

Spivey, Danton B; Englewood; Denver

Spofford, Bryan T; Denver

Spurck, Robert P; Denver; Littleton

Stahlgren, LeRoy H; Denver

Stamm, Carol A; Denver

Stanfield, Clyde; Denver

Stanton, Robert P; Northglenn; Denver

Stark, Craig F; Denver; Englewood

Stark, Meritt W; Las Cruces NM

Starr, Arthur G; Denver

Starr, Robert R; Denver

Steele, Brandt F; Denver

Steele, Peter P; Denver

Steiner, Jane C; Denver

Stephenson, Philip L; Wichita Falls TX

Stevens, Sydney L; Littleton

Stewart, Robert J; Denver

Stigler, Del; Denver

Stokes, Elizabeth Y; Denver

Stokes, Michael F; Denver

Stone, Dianne C; Denver

Stone, Ken A; Denver

Stonington, Oliver G; Breckenridge

Strain, James E; Elk Grove Village IL; Prospect Hts IL

Strand, Melford L; Denver; Englewood

Stuver-Webster, Edna L; Denver

Sullivan, Neil F; Denver

Sullivan, Terrance J; Denver

Susko, Thomas M; Denver

Susman, Morris H; Denver

Sutton, James P; Aurora; Denver

Sutton, Paul; Denver

Swets, Edward J; Denver
 Sykes, William M; Denver; Golden
 Szczukowski, Lorna; Denver

Taguchi, James T; Denver; Littleton
 Takeno, M George; Englewood
 Talbott, Richard D; Denver
 Talley, Richard W; Littleton
 Tannenbaum, Philip D; Denver
 Tarlie, Anshel; Englewood
 Taylor, E Stewart; Denver
 Teitelbaum, Daniel T; Denver
 Tharp, James A; Denver; Littleton
 Thatcher, George W; Olympia WA
 Thilo, Elizabeth H; Denver
 Thomas, Michelle T; Denver
 Thomason, Hubert H Jr; Denver
 Thomasson, George O; Englewood; Highlands Ranch

Thompson, Horace E; Denver
 Thompson, Rollin L; Denver; Englewood
 Thompson, Stephen D; Denver; Arvada
 Tiu, Celsa T; Denver
 Tobin, Charlene D; Grand Junction
 Tobin, Peter L; Denver
 Toll, Giles D; Denver
 Toll, Henry W Jr; Denver
 Tolley, Russell C; Denver
 Towbin, Milton N; Denver
 Traina, Steven M; Denver
 Tramutt, H Michael; Westminster; Arvada
 Treihaff, Marc M; Denver
 Tubergen, David G; Denver
 Tucker, Warren W; Denver
 Tuft, Charles M; Denver; Golden
 Tuft, Harold S; Denver
 Tullis, Gene E; Denver; Highlands Ranch
 Turley, MaryAnn; Littleton
 Twombly, George C Jr; Denver; Englewood
 Tyor, Joseph C; Denver

Ugale, Janice J; Denver; Englewood
 Urwiller, Richard D; Denver

Valentine, John D; Denver
 Vargas, Peter A; Denver
 Velkoff, Michele A; Denver
 Vernon, Thomas M Jr; Denver
 Vest, Walter E Jr; Denver
 Victoroff, Michael S; Aurora; Broomfield
 Vigoda, Philip S; Denver; Englewood
 Vijay, Nampalli K; Denver; Englewood
 Vincent, Thomas N; Denver
 Virtue, Robert W; Denver
 Vogel, Harold B; Denver
 VonRueden, Robert K; Denver; Littleton
 Voss, Mark A; Denver
 Vu, Thuan Q; Denver

Wade, Michael G; Denver
 Waggener, H U; Denver
 Wagschal, Rolf; Denver
 Wahl, David L; Venice FL
 Waite, H Dennis; Denver; Littleton
 Waldbaum, Arthur S; Denver
 Walker, E Lance; Denver; Littleton
 Walker, Louise D Converse; Denver
 Wall, Robert E; Denver

Warren, D Mark; Denver
 Warren, George H; Denver
 Warren, Herrick S; Wheat Ridge; Denver
 Way, Kenneth E; Denver
 Wayne, Eli R; Denver; Englewood
 Weatherley-White, Roy C A; Denver
 Weaver, Marlin E; Denver
 Weaver, Robert H; Denver; Golden
 Weigers, Kim R; Denver
 Weiker, Justin; Denver
 Weisbrod, Dennis M; Denver; Englewood
 Weisiger, Ken H; Denver; Highlands Rch
 Weiss, David B; Denver
 Weiss, Stanley S; Denver; Englewood
 Weltman, Delbert M; Denver; Lakewood
 Wenzel, Wayne W; Denver
 Wester, Robert J; Denver
 Westerdahl, Susan; Parker
 Westerlund, Margaret E; Denver
 Wexler, Paul; Aurora; Littleton
 Wheelock, Seymour E; Denver
 Wherry, Franklin P; Lincoln City OR
 Whistler, Carl W; Denver
 White, Madeline J; Denver
 White, Wallace C; Denver; Aurora
 Wiedel, Jerome D; Denver
 Wiggs, Eugene O; Denver
 Wilder, David W; Denver
 Wiley, Hugh S; Denver; Englewood
 Wilkins, Ross M; Denver; Golden
 Willard, John R; Englewood
 Willett, Allan B; Denver
 Williams, Edwin T; Denver
 Williams, Michael J; Denver; Castle Rock
 Williamson, John W; Denver
 Wilson, Robert E; Denver
 Wilson, William B Jr; Denver; Littleton
 Wilson, William H; Denver
 Wingle, Virginia; Denver
 Winn, Charles E II; Denver
 Witten, Julia S; Littleton
 Wolff, James N; Englewood
 Wollgast, George F; Englewood
 Wong, David A; Denver
 Woodard, W Donald; Denver
 Woodruff, Robert; Denver
 Woodward, James M; Denver; Englewood
 Wright, Richard A; Denver
 Wurtzebach, Lorenz R; Lakewood
 Wyrick, Claudia B; Denver

Yaeger, Eric S; Englewood
 Yamamoto, Francis K; Denver
 Yanagi, Ann K; Denver; Fort Collins
 Yantz, Cindi A; Denver
 Yarnell, Philip R; Denver; Englewood
 Yen, William T; Thornton; Denver
 Yost, John F; Aurora; Parker
 Yost, Raymond V; Denver; Aurora
 Young, David H; Denver
 Young, John R; Denver
 Youtz, Teresa J; Boulder

Zarlengo, Charles V; Lakewood
 Zarlengo, Frank N; Denver
 Zarlengo, Gerald V; Denver
 Zbyski, Joseph R; Denver; Englewood
 Zimmer, Peter W; Colorado Springs

Zuckerman, Gerald H; Denver
 Zuckerman, Hyman S; Denver

EASTERN COLORADO

Beethe, Raymond C; Burlington

Hoppe, Wayne E; Burlington

Keefe, Jerome L; Cheyenne Wells

Masoud, Abdul S; Cheyenne Wells

Olson, Mark R; Limon

Pebler, Richard F; Limon

Ross, Clarence L; Burlington

Scarinci, Hugo J; Flagler
 Straub, John C Jr; Littleton

Younger, David G; Burlington

EL PASO COUNTY

Adams, Ralph W; Colorado Springs
 Adasek, Peter J; Colorado Springs
 Ahnfeldt, Arnold L; Colorado Springs
 Anderson, James T; Colorado Springs
 Anderson, Judson T; Colorado Springs
 Anderson, Paul N; Colorado Springs
 Anderson, W Dale; Colorado Springs
 Ansfield, Michael J; Colorado Springs
 Arguello-Rudin, Oscar G; Colorado Springs
 Arnold, Hendrick J III; Colorado Springs

Ball, John H; Colorado Springs
 Ballard, Phillip W; Colorado Springs
 Baron, J Gregory; Colorado Springs
 Barrick, Steven J; Colorado Springs
 Baswell, Bonnie J; Colorado Springs
 Bates, Thomas R; Colorado Springs
 Beadles, Robert O Jr; Colorado Springs
 Bell, John J; Colorado Springs
 Bell, Richard A; Colorado Springs
 Benchwick, Paul L; Colorado Springs
 Bengfort, John L; Colorado Springs
 Berman, Michael L; Colorado Springs
 Berthrong, Morgan; Colorado Springs
 Beyer, Eugene F; Colorado Springs
 Bildstein, Rodger D; Colorado Springs
 Bjork, Randall J; Colorado Springs
 Blake, Clyde D; Colorado Springs
 Blattspieler, S F; Colorado Springs
 Blocker, Sterling H; Colorado Springs
 Blonder, Ronald D; Colorado Springs
 Bodman, Stephen F; Colorado Springs
 Borgstede, James P; Colorado Springs
 Bowerman, David L; Colorado Springs
 Brady, E James; Colorado Springs
 Bramschreiber, Jerome L; Colorado Springs
 Brassfield, T Scott; Colorado Springs
 Brightwell, Nathan L; Colorado Springs
 Bristow, John W; Colorado Springs
 Brown, Frederick B; Colorado Springs
 Brown, Jeffrey M; Colorado Springs

Brown, Michael W; Colorado Springs
 Brown, Samuel H; Colorado Springs
 Brumfield, Robert A; Colorado Springs
 Brusenhan, J Richard; Colorado Springs
 Buchanan, Kay M; Colorado Springs
 Burdick, Duncan C; Colorado Springs
 Burton, Richard M; Colorado Springs
 Butler, Larry J; Colorado Springs

Cadigan, Robert A Jr; Colorado Springs
 Campbell, Oliver P; Sun City West AZ
 Cantor, Avrim; Colorado Springs
 Carlton, Robert E; Colorado Springs
 Carnel, Shirley B; Colorado Springs
 Carris, Craig K; Colorado Springs
 Carris, James V; Colorado Springs
 Caster, David U; Colorado Springs
 Chambers, William C Jr; Colorado Springs
 Chatfield, John N Jr; Colorado Springs
 Chittum, Mark E; Colorado Springs
 Ciccone, William J; Colorado Springs
 Clark, Douglas P; Colorado Springs; Monument
 Clark, Phyllis V; Colorado Springs
 Cohen, Elliot S; Colorado Springs
 Cohen, Milton I; Colorado Springs
 Cohn, Elliot J; Colorado Springs
 Cole, Brian; Colorado Springs
 Cole, Larry W; Colorado Springs
 Cole, Norman G Jr; Colorado Springs
 Conde, Richard L; Colorado Springs
 Cook, Julius E; Colorado Springs
 Cooper, Jack; Colorado Springs
 Corrigan, Joseph L; Colorado Springs
 Cramer, Lester M; Colorado Springs
 Crawford, Lewis A; Colorado Springs
 Cresswell, George F; Colorado Springs
 Crissey, Michael M; Colorado Springs
 Crouch, W B; Colorado Springs
 Cunningham, Leon D; Colorado Springs
 Custodio, Joseph M; Colorado Springs

Davidson, Allan B; Colorado Springs
 Davis, Ben K; Colorado Springs; Monument
 Davis, Herbert A; Colorado Springs
 Davis, Roger W; Colorado Springs
 Dawson, Donald L; Colorado Springs
 Dawson, Dwight C; Colorado Springs
 Deal, Terry D; Colorado Springs; Monument
 DeMuth, Patrick J; Colorado Springs
 DePinto, Vincent J; Colorado Springs
 DeTar, George F; Colorado Springs
 Deverell, William F; Colorado Springs
 Dewell, Larry M; Colorado Springs
 DiAsio, Richard A; Colorado Springs
 Diffie, Joe T; Colorado Springs; Woodland Park
 Dillon, Jack T; Colorado Springs
 Dillon, Robert F; Colorado Springs
 DiNapoli, Jim; Colorado Springs
 Dlugos, Thomas P; Colorado Springs
 Donahue, Lawrence P; Colorado Springs
 Dougan, Robert P; Colorado Springs
 Dowding, Charles H Jr; Aurora
 Doyle, Sally E; Colorado Springs
 Drabing, John H; Colorado Springs
 DuBois, David D; Colorado Springs
 Dunn, Lawrence J; Colorado Springs
 Dye, Charley W; Colorado Springs

Edwards, James E; Colorado Springs
 Elwonger, David M; Colorado Springs
 Ely, Janet L; Colorado Springs; Elbert
 Emeis, William E; Colorado Springs
 Ernster, Joel A; Colorado Springs
 Esmiol, Pattison; Colorado Springs
 Evans, Bruce G; Colorado Springs
 Evans, Richard O; Colorado Springs
 Everett, Ralph E; Colorado Springs

Faricy, Patrick O; Colorado Springs
 Fawcett, Newton W; Colorado Springs
 Feiler, Frederic C; Colorado Springs
 Feldman, Laura L; Colorado Springs
 Fellhauer, Daniel R; Colorado Springs
 Fete, Timothy J Sr; Colorado Springs
 Fitzgerald, Edward M; Colorado Springs
 Fixott, Richard S; Colorado Springs
 Foerster, Robert J; Colorado Springs
 Ford, Jack; Colorado Springs
 Foster, Robert J; Colorado Springs
 Foti, Dominic Jr; Colorado Springs
 Freedman, William W; Colorado Springs; Woodland Park

Gage, R Wayne; Colorado Springs
 Gamblin, Kenneth R; Colorado Springs
 Gardner, Robert C; Colorado Springs
 Garland, James W; Colorado Springs
 Garrison, Jeffrey H; Colorado Springs
 Garry, Stephen H; Colorado Springs
 Gazibara, Donald P; Colorado Springs
 Genrich, John H; Colorado Springs
 Gerrard-Gough, Brodie; Colorado Springs
 Gheen, Kenneth M; Colorado Springs
 Gibbons, Debbie R; Colorado Springs
 Gibson, J Bradley; Colorado Springs
 Gieringer, Gary V; Colorado Springs
 Gifford, Marilyn J; Colorado Springs
 Gigliotti, Lawrence G; Colorado Springs
 Go, Sumio; Colorado Springs
 Gold, Larry A; Colorado Springs
 Golditch, Monte E; Colorado Springs; Monument
 Goldmuntz, Barry M; Colorado Springs; Manitou Springs
 Goldstein, Warren D; Colorado Springs
 Gorab, Lawrence N; Colorado Springs
 Graham, Lyle W; Mobile AL
 Grana, Arthur J; Colorado Springs; Dallas TX
 Greenberg, David I; Colorado Springs
 Greensher, Arnold; Colorado Springs
 Gregory, Douglas P; Colorado Springs
 Greiner, David J; Colorado Springs
 Griffith, Dillard R; Colorado Springs
 Groeger, Raymond J; Woodland Park
 Guthrie, Michael B; Colorado Springs

Hahn, Robert W; Colorado Springs
 Hall, J Michael; Colorado Springs
 Hall, Timothy O; Colorado Springs
 Hamilton, Robert S; Colorado Springs; Wetmore
 Hamstra, Gerald A; Colorado Springs
 Haney, Lawrence O; Colorado Springs
 Hanson, J R; Colorado Springs
 Harrison, Kenneth D; Colorado Springs
 Hartl, Richard W; Colorado Springs
 Hauser, Charles E; Colorado Springs
 Hays, John C; Colorado Springs

Headley, David L; Colorado Springs
 Heiberger, James T; Colorado Springs
 Herriott, Michael; Colorado Springs
 Hillman, John D; Colorado Springs
 Hofflin, Jesse M; Colorado Springs
 Hohengarten, John H; Colorado Springs
 Hoke, Timothy E; Colorado Springs
 Hornbaker, Charles L; Colorado Springs
 Hoyle, Thomas C III; Colorado Springs
 Huffman, David H; Colorado Springs
 Hurley, Thomas J; Colorado Springs

Ingram, William L; Colorado Springs
 Irwin, Mitchell A; Colorado Springs
 Iwata, Samuel H; Colorado Springs

Jalowiec, Deborah A; Colorado Springs
 Jensen, Susan R; Colorado Springs
 Jepson, Christian N; Colorado Springs
 Johnson, Bennie S; Colorado Springs
 Johnson, Thomas G; Fountain
 Johnston, J Harvey; Green Valley AZ

Kanas, John; Colorado Springs
 Kendall, Ralph T; Colorado Springs
 Kendall, Wayne F Jr; Colorado Springs; Monument
 Kennedy, James R; Colorado Springs
 Kennedy, Louis J; Colorado Springs
 Kenny, Catherine E; Colorado Springs
 Kent, Robert H; Colorado Springs
 Kerr, Richard K; Mesa AZ
 Kersey, Dudley H; Colorado Springs
 Kircher, Lorence T Jr; Colorado Springs
 Kircher, Lorence T III; Colorado Springs
 Kleiner, John P; Colorado Springs
 Koehn, Gerard G; Colorado Springs
 Koukol, David C; Colorado Springs
 Kucera, John L; Colorado Springs
 Kucinski, Chester S; Colorado Springs
 Kuhlman, William K; Colorado Springs
 Kurica, Kenneth B; Colorado Springs

Lain, Douglas; Colorado Springs
 Landon, F Rodman; Colorado Springs
 Larimer, Craig W; Colorado Springs
 Larkin, James M; Colorado Springs
 Larson, Wallace K; Colorado Springs
 Lavanway, James M; Colorado Springs
 LaVoo, John W; Colorado Springs
 Lawshe, Barry; Colorado Springs
 Lee, Russell M; Colorado Springs
 Lerch, Andrea M; Colorado Springs
 Lewis, Barton L; Colorado Springs
 Lewis, Ted T; Colorado Springs
 Liddle, Edward B Jr; Colorado Springs
 Lince, Deborah M; Colorado Springs
 Lindeman, George M; Colorado Springs
 Little, Kenneth R; Colorado Springs
 Lloyd, William E; Colorado Springs
 Loehr, Richard E; Colorado Springs; Woodland Pk
 Lovell, Kenneth R; Colorado Springs
 Luebbert, Steven J; Colorado Springs
 Lund, Cynthia J; Colorado Springs
 Lynn, John T III; Colorado Springs

Mahony, Thomas H III; Colorado Springs
 Markewich, Gary S; Colorado Springs
 Marta, John A; Colorado Springs

Martz, David C; Colorado Springs
 Matheson, George W; Colorado Springs
 Matthews, David S; Colorado Springs
 Maxwell, James H; Colorado Springs
 Mayeda, Douglas V; Colorado Springs
 McCarthy, Thomas T; Colorado Springs
 McCarty, William K; Colorado Springs; Manitou
 Springs

McClellan, Charles W; Colorado Springs
 McClure, Scott H; Colorado Springs; Englewood
 McColl, Harry A Jr; Colorado Springs
 McCoy, James A; Colorado Springs
 McCreery, Richard A; Colorado Springs
 McCulloch, Alexander T Jr; Colorado Springs
 McMahon, Charles D; Colorado Springs
 McMullen, Craig T; Colorado Springs
 McMullen, James W; Colorado Springs
 McMullen, R Bard; Colorado Springs
 McNally, Michael J; Colorado Springs
 McWilliams, John E; Colorado Springs
 Meredith, Keith S; Colorado Springs
 Merkert, George L Jr; Colorado Springs
 Messner, Milo L; Colorado Springs
 Michael, Joyce E; Colorado Springs
 Miller, E Eugene; Colorado Springs
 Miller, J Brian; Colorado Springs
 Mitchell, Orderia F; Colorado Springs
 Modlin, Richard A; Colorado Springs
 Moore, Gene H; Colorado Springs
 Moore, Larry A; Colorado Springs
 Moore, Rebecca L; Colorado Springs; Monument
 Moothart, Richard W; Colorado Springs
 Morgan, George T; Colorado Springs
 Mote, Paul S; Colorado Springs
 Mrozek, John R; Colorado Springs
 Munson, Wayne M; Colorado Springs
 Munson, William A; Colorado Springs
 Murphy, Alan R; Colorado Springs
 Muth, John B; Colorado Springs
 Myers, James M; Colorado Springs
 Myers, Steven R; Colorado Springs

Nash, Rex D; Colorado Springs
 Nathan, Robert A; Colorado Springs
 Needell, William M; Colorado Springs
 Newcomer, John A; Colorado Springs
 Nicks, Frank I Jr; Colorado Springs
 Nielsen, Peter G; Colorado Springs
 Noble, Michael J; Colorado Springs
 Noblett, Deane L; Colorado Springs
 Nordstrom, David M; Colorado Springs
 Norfleet, Larry B; Colorado Springs
 Norton, John D; Colorado Springs
 Nusca, Margaret T; Monument

O'Donnell, James J; Colorado Springs
 O'Donnell, Sean C; Colorado Springs
 O'Rourke, P Terrence; Colorado Springs
 Oliveira, Mario M; Colorado Springs
 Olivier, Brian D; Colorado Springs
 Olson, Neiland R; Colorado Springs
 Olvey, Stuart K; Colorado Springs
 Oram-Smith, Jeffrey C; Colorado Springs

Paap, Jack I; Colorado Springs
 Partington, Cyrus W; Fort Carson; Colorado Springs
 Pence, Tom K; Colorado Springs
 Perrott, Walter W III; Colorado Springs

Perry, Carmel P; Colorado Springs
 Peters, Bruce H; Colorado Springs
 Peterson, Richard I; Colorado Springs
 Phelps, Amy R N; Colorado Springs
 Phelps, Dennis A; Colorado Springs
 Pick, Melvin M; Colorado Springs
 Pierce, Alson F; Peyton
 Pise, Gerald J; Colorado Springs
 Pitman, William M; Colorado Springs
 Platz, Victor; Colorado Springs
 Poliakoff, Claude S; Colorado Springs
 Pollard, Joseph S Jr; Colorado Springs
 Pollock, Caryl J; Colorado Springs
 Presti, Matthew; Colorado Springs
 Pruitt, J C; Colorado Springs

Rainey, Rhett K; Colorado Springs
 Ramey, Ralph Jr; Colorado Springs
 Randono, John J; Colorado Springs
 Ranzemberger, Steven S; Colorado Springs
 Rapp, Alan D; Colorado Springs
 Ravin, Sheldon J; Colorado Springs
 Rees, James M; Colorado Springs
 Reeves, Robert H; Colorado Springs
 Reich, Laura M; Colorado Springs
 Reimers, Bruce L; Colorado Springs
 Reinhardt, George N III; Colorado Springs
 Reynolds, Judith U; Colorado Springs
 Richeaux, Kenneth A; Colorado Springs
 Roberts, Jerry R; Colorado Springs
 Robinson, Mel D; Colorado Springs
 Roesler, Paul J; Colorado Springs
 Rogers, William F; Colorado Springs
 Romett, J Lewis; Colorado Springs
 Rose, Cynthia; Colorado Springs
 Rothhammer, Amilu S; Colorado Springs
 Rubinow, Sidney D; Colorado Springs
 Robinson, Samuel M; Colorado Springs
 Ruggles, Charles W; Colorado Springs
 Ryder, William H; Colorado Springs

Salata, John Robert; Colorado Springs
 Sampson, John J; Colorado Springs
 Sayre, Robert L; Colorado Springs
 Sceats, D James Jr; Colorado Springs
 Schiller, John E; Colorado Springs
 Schmidt, Philip M; Colorado Springs
 Schmitt, Edward A; Colorado Springs
 Schmitt, Henry J Jr; Colorado Springs
 Schneider, Dennis L; Colorado Springs
 Schutt, Robert C Jr; Colorado Springs
 Schwab, Irving H; Colorado Springs
 Sciotto, Cosimo G; Colorado Springs
 Seagraves, Mary A; Colorado Springs
 Sealy, David P; Colorado Springs
 Sellers, Dilworth P; Colorado Springs
 Service, William C; Colorado Springs
 Seybold, William R; Colorado Springs
 Shahzadi, Mehrbanoo (Mary); Colorado Springs
 Sherwin, Richard M; Colorado Springs
 Sherwood, Clifford; Colorado Springs
 Shoemaker, Larry D; Colorado Springs; Monument
 Shoptaugh, A Glenn Jr; Colorado Springs
 Short, William F; Colorado Springs
 Silver, Gordon S; Colorado Springs
 Simerville, James J; Colorado Springs
 Sims, John A; Colorado Springs
 Skiles, Trudy A; Colorado Springs

Smith, James G Jr; Colorado Springs
 Smith, Raymond H; Colorado Springs
 Smith, Robert H; Colorado Springs
 Solomon, Maurice C; Colorado Springs
 Spangler, Michael W; Colorado Springs
 Spaulding, Duane R; Colorado Springs
 Speirs, Alfred C; Colorado Springs
 Stack, Robert K; Colorado Springs
 Stafford, Robert M; Colorado Springs
 Stecker, Raymond H; Colorado Springs
 Stein, Gerald S; Colorado Springs
 Stienmier, Richard H; Colorado Springs
 Storms, William W; Colorado Springs
 Strandberg, Donald A; Colorado Springs
 Stringer, Theodore L; Colorado Springs
 Stringfellow, Roy C Jr; Colorado Springs
 Struck, Teresa H; Colorado Springs
 Swain, Robert B; Colorado Springs
 Sweeney, James P; Colorado Springs
 Szvetcz, Frank C; Colorado Springs

Tedeschi, John P; Colorado Springs
 Telatnik, Stephen C; Colorado Springs
 Thatcher, D B; Colorado Springs
 Thayer, Kent H Jr; Colorado Springs
 Thompson, J Robert Jr; Colorado Springs
 Thompson, Michael K; Colorado Springs
 Tietz, Gregory C; Colorado Springs
 Timmons, Christene A; Colorado Springs
 Tittle, Ben J; Colorado Springs
 Townsley, Harry E; Colorado Springs
 Trousdale, William E; Colorado Springs
 Truitt, William R; Colorado Springs
 Tulin, Christopher N; Colorado Springs
 Tuttle, Elizabeth S; Colorado Springs
 Tuttle, Steven E; Colorado Springs
 Tuxworth, Frank E; Colorado Springs

Ubogy-Rainey, Zeena I; Colorado Springs
 Vanderhoof, Richard C; Colorado Springs
 Varnum, Robert C; Colorado Springs
 Vickers, C William; Colorado Springs
 VonMinden, Milton C Jr; Colorado Springs

Waldron, C Milton; Colorado Springs
 Walker, Ian G; Colorado Springs
 Walker, Ronald E; Colorado Springs
 Wall, Paul M; Colorado Springs
 Wall, Richard A; Colorado Springs
 Watts, Walter H; Security
 Watz, Hallet N; Colorado Springs
 Webb, Charles W; Colorado Springs
 Weller, William J; Colorado Springs
 Wenham, Richard P; Colorado Springs
 Weston, Jonathon P; Colorado Springs
 Wetzig, Carl K; Colorado Springs
 Wetzig, Paul C; Colorado Springs
 Wetzig, Richard P; Colorado Springs
 Whittington, Brien J; Colorado Springs
 Wiggins, Milton L; Colorado Springs
 Williams, C Rex; Colorado Springs
 Williams, Clyde H III; Colorado Springs
 Williams, Lester L; Colorado Springs
 Winans, Robert E; Monument
 Winchester, Paul D; Colorado Springs
 Wolfson, Robert N; Colorado Springs
 Wong, Bert Y; Colorado Springs

EL PASO COUNTY—LARIMER COUNTY

Wood, Edward H; Colorado Springs
Wooddell, W Jeff; Colorado Springs
Wyman, Michael L; Colorado Springs

Yee, Edward S; Colorado Springs
Young, L David; Colorado Springs
Yuan, Brad H; Colorado Springs

Zimmer, James A; Security
Zimmerman, Robert L; Colorado Springs
Zinn, Charles J; Colorado Springs

FREMONT COUNTY

Banker, Michael W; Canon City
Barnard, Michael D; Canon City
Black, William L; Canon City; Colorado Springs
Bruffy, James L; Canon City
Buglewicz, John V; Florence

Christensen, Robert W Jr; Canon City
Christie, George C; Canon City

Fox, John E; Limon

Gamache, Peter J; Florence
Grabow, Henry C; Canon City
Greenlee, Lynn F; Canon City

Harris, Charles H; Canon City
Hildebrand, Jan S; Canon City

Jacobs, Madeleine; Penrose

Ley, Eugene B; Canon City

McGarry, Joseph T; Florence
McKinney, Gary E; Canon City
Miller, John L; Canon City
Miller, Katherine M; Canon City
Mohr, Gary Alan; Canon City

Page, Donald F; Canon City
Potter, Donald E; Canon City

Ritchie, Darvin R; Canon City
Ritchie, Gary L; Canon City
Roller, Lothar K; Canon City

Sindler, Marc A; Canon City

Tracy, Herbert A; Canon City
Twellman, Dorothy J; Canon City

Vincent, Jack F; Canon City

Wyatt, Kon Jr; Canon City

HONORARY

Derry, Donald G; Colorado Springs

Hendee, William R; Chicago IL
Hites, James D; Fort Collins

Palmer, Walter Lincoln; Chicago IL

Schwarz, M Roy; Chicago IL

Tempest, Carol; Denver

Wood, Lawrence; Denver

HUERFANO COUNTY

Vialpando, Arthur B; Walsenburg
Villalon, Joseph H; Walsenburg

INTERMOUNTAIN

Bachman, James J; Frisco
Bevan, William A Jr; Vail; Eagle-Vail
Brooks, Laurence W; Vail; Edwards

Chipman, Leon D; Vail; Avon
Chow, Franklin S; Vail; Eagle-Vail
Coleman, Donald L; Breckenridge

Dooher, Gerald R; Vail

Essemer, Lawrence J; Vail

Feeney, Jonathan C; Vail; Eagle-Vail
Flora, Mark S; Frisco; Broomfield
Freedman, Philip E; Vail

Gerner, Robert E; Vail
Gottlieb, John E; Vail

Janes, Peter C; Vail; Avon

Lackey, Charles W; Frisco

Morley, Alexander K III; Frisco

Nevison, Thomas O; Denver

Paul, David H; Vail
Petrie, Kent Alan; Vail

Steinberg, Thomas I; Vail
Stephens, Mark R; Vail

Woodland, John B; Winter Park; Boulder

Yarberry, Steven A; Vail; Edwards

Zeitlin, Warren M; Vail

LA PLATA COUNTY

Bardin, Billy J; Durango
Boyd, John A K; Durango
Buslee, Roger M; Durango
Butler, Harrison G III; Durango

Callaway, Sam E; Durango
Carnes, Marion M; Durango
Cartier, John W; Durango
Castle, Everett R; Durango; Tucson AZ
Copeland, Lynn R; Durango
Crue, Benjamin L Jr; Durango
Cullum, Lawrence M; Durango

Davidson, A Marie; Durango
Deaver, David C III; Durango
Deterding, Karl T; Durango

Edgerton, J Craig; Durango

Furry, Dean L; Durango
Furze, James M; Durango

Gaughan, Lawrence J; Durango
Gerstenberger, Patrick D; Durango
Glann, Alan S; Durango
Grenoble, David C; Durango
Grossman, Richard A; Durango

Halley, Tullius W; Durango
Harrison, Judith A; Durango
Heller, Henry M; Durango
Hillmer, Barry; Durango
Hutchinson, James E; Durango

Jernigan, Randal F; Durango
Johnson, Stephen M; Durango
Johnson, Vaughn A; Durango

Kehmeier, Dean F; Durango
Kiracofe, H Loudon; Durango
Krauser, William J; Durango

Lloyd, Leo W; Durango
Luter, Patrick W; Durango

Morse, Jeffrey M; Durango
Murphy, Joseph M; Durango

Phillips, Alfred M; Pagosa Springs
Pirnat, Martin P; Durango
Pratt, Thomas C; Durango

Rappe, Donald L; Durango
Ruggera, Gary C; Durango

Schultz, Randall R; Durango
Scott, Gary A; Durango
Swanson, Robert L; Durango

Visconti, Laurent T; Durango

Walters, Mark R; Durango
Whitehurst, Fred O; Durango
Wienpahl, Mark; Pagosa Springs
Wigton, Chester M; Durango
Winder, Denis J; Durango

LAKE COUNTY

Callen, Wayne L; Leadville

Field, Clifford; Leadville

LaBaw, Wallace L; Denver

Perna, John L; Leadville

LARIMER COUNTY

Abbey, David M; Fort Collins

Abbey, William S; Fort Collins
 Allen, David K; Fort Collins
 Allen, Patrick C; Loveland
 Allen, Thomas J; Loveland
 Anderson, N Paul E; Estes Park
 Anderson, William E Jr; Loveland
 Arndt, Donald A; Berthoud
 Ashbach, Nancy W; Denver; Loveland

Bachus, Nelson E; Fort Collins
 Bailey, Austin G Jr; Fort Collins
 Basow, William M; Fort Collins
 Baumgartel, Earl D; Loveland
 Beard, Donald Y; Fort Collins
 Bender, Edward L; Fort Collins
 Bermingham, Roger P; Fort Collins
 Berns, Barry R; Fort Collins
 Bliss, Robert J Sr; Fort Collins
 Boehlke, Russell R; Fort Collins
 Booth, Richard R; Fort Collins
 Brock, Robert J; Fort Collins
 Bruns, Thomas; Loveland
 Burnham, Linda A; Fort Collins
 Bush, James F; Fort Collins

Carlson, Hillis G; Fort Collins
 Carroll, Charles A; Fort Collins
 Carroll, Cory D; Fort Collins
 Carson, Frank R Jr; Fort Collins
 Chase, Jerry A; Loveland
 Chiavetta, Thomas G; Fort Collins
 Childers, Marvin A III; Loveland
 Christon, Margaret A; Fort Collins
 Clemens, Orrie G; Loveland; Fort Collins
 Cloyd, David G; Fort Collins
 Cochran, Thomas S Jr; Fort Collins
 Codd, Richard L; Fort Collins
 Collins, Jerome S; Loveland
 Collins, Thomas J; La Porte; Fort Collins
 Compton, James F; Fort Collins
 Conlon, Robert M; Fort Collins
 Cook, Roger P; Fort Collins
 Cornforth, Donald E; Loveland
 Cranor, John D; Fort Collins
 Cronin, John C; Fort Collins
 Culver, William G; Loveland
 Curiel, Michael P; Fort Collins
 Curtis, Kenneth W Jr; Fort Collins

Danforth, James C; Loveland
 Davidson, James E; Fort Collins
 Decker, John T; Fort Collins
 DeYoung, Douglas B; Fort Collins
 Dieringer, Thomas M; Fort Collins
 Donnelley, Beverly E; Fort Collins
 Dudzinski, Paul J; Fort Collins
 Duhon, Samuel C Sr; Boulder
 Duncan, Diane; Fort Collins
 Duncan, Kenneth H; Fort Collins
 Dupper, Harold H; Fort Collins

Edwards, Robert A; Loveland
 Elliott, Christopher J; Fort Collins
 Elliott, Max A; Fort Collins
 Ellis, Robert H; Fort Collins
 Elo, Denis R; Loveland
 Englund, Garth W; Fort Collins
 Ezell, William W; Fort Collins

Fangman, Michael P; Fort Collins
 Fickel, Helen F; Berthoud
 Fisher, Thomas C; Fort Collins
 Fonken, H A; Fort Collins
 Frickman, Carl E; Loveland
 Fuhrmann, Eric J; Loveland

Geppert, Margo J; Fort Collins
 Giansiracusa, Richard F; Loveland
 Gillespie, Elizabeth J; Fort Collins
 Golub, Daniel E; Fort Collins
 Gordon, Lee; Fort Collins
 Graf, Paula; Fort Collins
 Granston, Laurence A; Fort Collins
 Grant, Lee B Jr; Fort Collins
 Graves, Cheryl K; Fort Collins
 Grosboll, Ashley N; Loveland
 Grosboll, Edward E; Loveland
 Grosboll, Robert N; Loveland
 Guadagnoli, Mark D; Fort Collins
 Guenther, John P; Fort Collins
 Gunstream, Stanley R; Fort Collins

Hailey, Mark A; Loveland
 Hamm, Robert M; Loveland; Fort Collins
 Hammond, Richard O; Fort Collins
 Harling, Mallory T; Fort Collins
 Harper, Barry K; Fort Collins
 Harvey, John S Jr; Fort Collins
 Haygood, Thomas A; Fort Collins
 Henson, Stanley W Jr; Fort Collins
 Hoffman, James F; Fort Collins
 Hoffman, James F Jr; Fort Collins
 Hoffmann, Mark F; Fort Collins
 Hohm, Richard A; Fort Collins
 Homburg, Robert C; Fort Collins
 Honea, Bertrand N III; Loveland
 Horstman, James K; Fort Collins
 Howard, Earle T; Loveland
 Hughes, Andrew G; Loveland
 Humphrey, Robert N; Fort Collins

James, Warren K; Fort Collins
 Jeffrey, Ransy L; Fort Collins
 Jinich, Daniel B; Fort Collins
 Jobin, Michael J; Loveland; Denver
 Johnson, Richard W; Fort Collins
 Johnson, Robert V; Fort Collins
 Jones, William A; Fort Collins
 Justin, Ingrid M; Fort Collins
 Justin, Renate G; Fort Collins

Kaiser, Dale C; Fort Collins
 Kasenberg, Thomas P; Loveland
 Kesler, Kelvin F; Fort Collins
 Kieft, Larry D; Fort Collins
 Knauer, Sally A; Fort Collins

Larson, Dennis G; Fort Collins
 Lausterer, Jack K; Berthoud; Loveland
 Lawton, Susan; Fort Collins
 Lembitz, Deanne D; Loveland
 Lillis, Patrick J; Loveland
 Lopez, William Jr; Fort Collins
 LoSasso, Carl J; Fort Collins
 Luckasen, Gary J; Fort Collins
 Ludwin, Gary A; Fort Collins

Lugenbill, Cheryl A; Fort Collins
 Luttenegger, Thomas J; Fort Collins

Magsamen, B F; Fort Collins
 Maloney, John D; Fort Collins
 Martin, Eva; Fort Collins
 Mays, James M; Fort Collins
 McElwee, Hugh P; Fort Collins
 McGinnis, James G; Fort Collins
 McLain, Phil C III; Estes Park
 Medlin, Barbara B; Fort Collins
 Mercer, Jeannette Y; Windsor
 Merkel, Lawrence A; Fort Collins
 Milano, William J; Loveland
 Miller, Burdette L; Estes Park
 Morgan, Alma R; Fort Collins
 Morrell, Robert M; Sun City AZ
 Motl, John M; Fort Collins
 Murphy, Lawrence E; Fort Collins
 Murray, Douglas M; Fort Collins
 Murray, Garvin C; Loveland
 Murthy, Krishna C; Fort Collins

Neff, William A; Fort Collins
 Nemeth, Clifford J; Loveland
 Nevriy, Thomas; Fort Collins
 Newlin, Carol M; Fort Collins
 Nichol, Thomas W; Estes Park
 Norrie, Thomas K; Fort Collins
 Norris, Andrew M; Fort Collins

O'Neill, John J; Fort Collins
 Olsen, Gerald M; Fort Collins
 Otteman, Merlin G; Fort Collins

Parker, John T; Fort Collins; Westminster
 Patterson, Robert B; Loveland
 Patterson, Stuart A; Fort Collins
 Paulsen, Mark M; Fort Collins
 Petrun, Mark; Fort Collins
 Phillips, George H; Loveland
 Porter, Bruce M; Windsor
 Preble, Parker E; Fort Collins

Quiring, Roger; Fort Collins

Rechnitz, Gary D; Fort Collins
 Reents, William J; Loveland
 Reid, John H; Fort Collins
 Repert, William B; Fort Collins
 Roark, Richard D; Fort Collins
 Rollins, Donald R; Loveland
 Rubright, Erik M; Fort Collins
 Rubright, Jon S; Fort Collins
 Rule, Ingrid K; Loveland
 Rumley, A S; Fort Collins
 Rumley, Ruth Jones; Fort Collins

Sable, David L; Fort Collins
 Sadler, Jackson L; Fort Collins
 Salimbeni, Julio C; Fort Collins
 Sands, Arthur C; Fort Collins
 Sato, Randall E; Loveland
 Sayers, C Paul; Fort Collins
 Schafer, Donald R; Loveland
 Schmidt, Robert L; Fort Collins
 Seeton, James F; Fort Collins
 Serafini, David A; Fort Collins

LARIMER COUNTY—MESA COUNTY

Shachtman, William A; Fort Collins
Sherwood, Robert W; St George UT
Simmons, Richard E; Fort Collins
Simmons, Robert A; Fort Collins
Singer, Charles J; Fort Collins
Smith, Bruce M; Fort Collins
Smith, Jerome I; Fort Collins
Smith, Kirk M; Fort Collins
Snodderley, Paul L; Fort Collins
Sobel, Roger M; Fort Collins
Sperry, Corydon S Jr; Fort Collins
Standard, Peter J; Fort Collins
Stephens, Floyd V Jr; Fort Collins
Stevens, William W III; Fort Collins
Stoddard, Andrew P; Fort Collins
Sunthanker, Lena (Shivalina); Fort Collins

Tartaglia, Louis Jr; Loveland
Tello, Robert J; Loveland
Thieman, William J; Fort Collins
Thieszen, Milford E; Fort Collins
Thode, Henry P Jr; Fort Collins
Thornton, William R; Fort Collins
Thorson, Steven J; Fort Collins
Tippin, Steven B; Fort Collins
Tramp, Paul E; Loveland
Turner, Daniel T; Fort Collins; Greeley
Turner, Donn M; Fort Collins
Tutt, George O Jr; Fort Collins

Unfug, Harry V; Fort Collins
Updegraff, Jeffrey G; Fort Collins

Valley, George E; Fort Collins
Vanderschouw, Martin G; Fort Collins
Vedanthan, P K; Fort Collins
Voiles, J David; Fort Collins
Voss, Richard G; Fort Collins

Waggener, William J; Loveland; Denver
Warson, James S; Fort Collins
Weber, Susan J A; Loveland
Weil, Lawrence J; Fort Collins
Wells, Donald B; Fort Collins
Wera, Thomas J; Fort Collins
West, B Lynn; Fort Collins
Wirt, Timothy C; Fort Collins
Wise, James K; Fort Collins
Woods, Susan E; Fort Collins

Yelverton, Charles C; Estes Park
Yemm, Stephen J; Fort Collins

LAS ANIMAS COUNTY

Fabec, Sally L; Trinidad
Ferrell, Donald P; Trinidad

Jimenez, Guilebaldo E; Trinidad
Jimenez, Joseph P; Trinidad

McFarland, Douglas M; Trinidad

Quimby, Robert L; Walsenburg

Spokas, Frank J Jr; Trinidad

MESA COUNTY

Alkes, Ivan S; Grand Junction
Axthelm, Stephen C; Grand Junction

Balke, Per-Olof; Grand Junction
Barbero, J Fred; Grand Junction
Beaver, William C; Grand Junction
Bechtel, Joel J; Grand Junction
Blakely, Charles A; Grand Junction
Bonnet, Carol G; Grand Junction
Brooks, Robert S; Grand Junction
Bull, Heman R; Grand Junction
Bull, Malcolm I; Grand Junction
Burnbaum, Mitchell D; Grand Junction
Burns, Dorr H; Grand Junction
Burrow, Maida L; Grand Junction
Bush, Jerry O; Grand Junction

Cameron, Mercedes E; Grand Junction
Clark, Darrel Christian; Grand Junction
Cobb, William B; Palisade; Grand Junction
Copeland, M Larry; Grand Junction
Crumbaker, Victor A; Grand Junction

Dean, Joel M; Grand Junction
Degener, David F; Grand Junction
Dietel, David H; Grand Junction
Dirks, David W; Grand Junction
Doran, John H; Fruita
Dreher, William H; Grand Junction
Duffey, Daniel J; Grand Junction
Duke, William F; Grand Junction
Duncan, Lester S; Grand Junction
Dunn, James R; Grand Junction

Elliott, Robert J; Grand Junction

Fawcett, Ronald A; Grand Junction; Fruita
Findlay, William A; Grand Junction
Fisher, David P; Grand Junction
Fox, Robert H; Grand Junction
Fritz, Thomas J; Grand Junction
Fulton, Richard E; Grand Junction

Gabelman, Omer P; Grand Junction; Kennewick
WA

Gardner, Steven M; Grand Junction
Gilman, Neal J; Grand Junction
Golter, Lee B; Grand Junction
Gould, Arch H; Grand Junction

Hackett, Robert D; Grand Junction
Hall, Oliver E K; Grand Junction
Hall, Robert F; Grand Junction
Hanna, Robert S; Grand Junction
Hartshorn, Denzel F; Grand Junction
Herr, David S; Grand Junction
Heuscher, Enno F; Grand Junction
Holmes, Joshua J; Grand Junction
Huskey, Harlan B; Fruita; Grand Junction

Irvin, Lewis A; Grand Junction

James, Lynn A; Grand Junction
Janson, Richard A; Grand Junction
Johnson, F Bing; Grand Junction
Jones, Paul B; Grand Junction

Keams, Roy E; Grand Junction
Keely, Marjorie L; Grand Junction
Kelley, William A; Grand Junction
Kempers, Glenn R; Grand Junction
Kingston, Richard A; Grand Junction
Klein, M G; Grand Junction
Knockendoffel, Richard A; Grand Junction

Lepisto, Carl A; Grand Junction
Linnemeyer, Robert F; Grand Junction
Long, Aaron D; Grand Junction

Maclean, James E; Grand Junction
Madsen, Mark C; Grand Junction
Magee, Archie E; Grand Junction
Magraw, Bronwen J; Palisade
Marasco, Paul B; Grand Junction
Maruca, Joseph; Grand Junction
Matchett, Kenneth M Jr; Grand Junction
Mayer, David M; Grand Junction
McDaniel, David B; Grand Junction
McFadden, Donna L; Grand Junction
Meacham, Stephen R; Grand Junction
Meason, Thomas M Jr; Grand Junction
Merkel, William D; Grand Junction
Merrill, Joseph G; Grand Junction
Miller, Thomas E; Grand Junction
Mohler, Philip J; Grand Junction
Moran, Patrick G; Grand Junction

Nakano, Jeffrey M; Grand Junction
Nakano, Sherry G; Grand Junction
Novak, Deborah W; Grand Junction

Orr, Edwin R; Fruita

Pacini, David L; Grand Junction
Pacini, Donald R; Grand Junction
Paquette, Frederick R; Grand Junction
Parker, Joseph J Jr; Grand Junction
Patterson, William R; Grand Junction
Patz, David S; Grand Junction
Petersen, Warren A; Grand Junction
Pinson, Ronald C; Grand Junction
Piper, James C; Grand Junction

Raley, Francis M; Grand Junction
Rashleigh, Perry L; Grand Junction
Raso, Roland A; Grand Junction
Reicks, Gregory C; Grand Junction
Richards, Anthony; Grand Junction
Ross, James R; Grand Junction
Rottman, Randy J; Grand Junction
Roy, Charles E; Grand Junction
Ruybal, Jacob A Jr; Grand Junction

Saccomanno, Geno; Grand Junction
Sadler, Theodore R Jr; Grand Junction
Sammons, Robert A Jr; Grand Junction
Scott, William A; Grand Junction
Shanks, W George; Grand Junction
Shenk, Douglas C; Grand Junction
Shenkel, Roger C; Grand Junction
Sillix, Patrick A; Grand Junction
Simons, Kenneth M; Grand Junction
Simpson, George R; Grand Junction
Smith, David F; Grand Junction

Smith, G Paul; Grand Junction
 Smith, Ronald E; Grand Junction
 Smith, Verne A; Grand Junction
 Snyder, Gary L; Grand Junction
 Soper-Porter, Harriette C; Grand Junction
 Spoering, Craig A; Grand Junction
 Stevenson, Chester P; Grand Junction
 Stidham, Paul B; Grand Junction
 Stiefler, Richard E; Grand Junction

Thomas, B Lewis Jr; Grand Junction
 Tice, Larry D; Grand Junction
 Towner, Thomas G; Grand Junction
 Trowbridge, Michael M; Grand Junction
 Troy, Richard E; Grand Junction
 Tupper, Harvey M; Grand Junction

Utt, J Dale; Grand Junction

VanHardenbroek, Mechteld; Grand Junction

Waldrop, William L; Grand Junction
 Wanebo, C K; Grand Junction
 Ward, Bruce A; Grand Junction
 Weaver, S Christopher; Grand Junction
 Webel, Jacob; Grand Junction
 Weintraub, Richard M; Grand Junction; Aspen
 West, David M; Grand Junction
 Wilson, Ben J; Phoenix AZ
 Wilson, Bruce H; Grand Junction

MONTEZUMA COUNTY

Aikin, Kent R; Mancos

Bostrom, Paul D; Dolores; Cortez
 Britton, Kent R; Cortez

Cain, Leonard W; Cortez; Dolores

Davis, Telford A; Durango
 Doneskey, Paul W; Cortez
 Dovgan, Samo J; Cortez

Fleming, Thomas C; Cortez; Telluride
 Frye, Jearl F; Cortez; Delores

Gildersleeve, Robert G; Cortez
 Griebel, Gerald W; Cortez

Heyl, Robert A; Cortez; Mancos
 Howe, Gerald E; Cortez

Merritt, Edward G; Dolores; Cortez

Rainer, William G Jr; Cortez
 Robichaux, Val; Cortez

Willis, Thomas M; Cortez

MORGAN COUNTY

Chapel, Harold L; Brush; Sterling
 Collins, John A; Fort Morgan

Goodman, Edward H; Brush; Fort Morgan

Houghan, Charles R; Fort Morgan

Jackson, Ham; Fort Morgan

Kruglet, Donald G; Fort Morgan
 Kulp, Robert L; Brush

Lindell, Kevin V; Fort Morgan

Mellinger, William J; Fort Morgan
 Miller, James A; Fort Morgan

Overturf, Bruce R; Fort Morgan

Palu, Margaret E; Fort Morgan

Richards, Robert B; Fort Morgan

Thompson, Patrick L; Fort Morgan

Wolz, John F; Fort Morgan
 Woodward, Paul E; Fort Morgan

MT. EVANS

Allbright, James R; Conifer

Brechner, Ross J; Evergreen
 Buchwald, Fred; Evergreen

Cook, Boyd W; Conifer
 Cooper, Bruce D; Evergreen

Gradison, Maggie; Conifer; Evergreen

Jendry, Ronald J; Evergreen; Conifer

Kutalek, Kenneth J; Evergreen

Linn, David D; Conifer

Miller, Wayne A; Denver; Evergreen
 Moyer, John P; Evergreen

Santaguida, Rik; Idaho Springs; Evergreen

White, Eric A; Denver
 Wiggins, Roger G; Evergreen
 Witwer, John P; Denver; Evergreen

MT. SOPRIS COUNTY

Artist, Ricky L; Rifle
 Ayers, Joseph S; Aspen

Banyash, Larry W; Basalt
 Berkeley, Michael E; Aspen; Glenwood Springs
 Brokering, Harry R; Glenwood Springs
 Burgert, Paul H; Glenwood Springs
 Burke, James M; Aspen; Snowmass Village

Caskey, Jack B Jr; Aspen

Derkash, Robert S; Glenwood Springs
 DeYoung, Roland W; Glenwood Springs

Feinsinger, Greg; Glenwood Springs

Freeman, John R; Aspen

Gaddis, Kenneth A; Glenwood Springs
 Glismann, John P; Aspen

Haskins, R Scott; Rifle
 Herrington, Richard A; Carbondale
 Hostettler, David P; Glenwood Springs
 Hunter, Robert E; Aspen

Johnson, Bernarr B; Carbondale

Knaus, Gary D; Carbondale
 Krueger, Albert R; Meeker

LeBlanc, Randy D; Meeker
 Lippman, Bruce D; Glenwood Springs

Maggiore, John R; Glenwood Springs
 Martin, Travis W; Vail
 Mason, Ronal B; Glenwood Springs
 Mass, Ann M; Aspen
 McFarlane, Ann D; Aspen
 Mink, Barry D; Aspen
 Morton, G Thomas; Glenwood Springs

Nutting, Burtis E; Glenwood Springs
 Nystrom, John S; Glenwood Springs

O'Donnell, James A; Glenwood Springs
 Oakes, Frederick C Jr; Glenwood Springs
 Oden, Robert R; Aspen

Painter, M Ray Jr; Glenwood Springs
 Platt, Teresa L; Glenwood Springs
 Protas, Jacob M; Aspen
 Purnell, Mark L; Aspen

Rodriguez, Jose L; Glenwood Springs
 Roess, Thomas J; Snowmass

Saliman, Alan E; Glenwood Springs
 Salmen, Paul A; Glenwood Springs
 Schiller, Carl F; Aspen
 Schultz, Linda M; Glenwood Springs
 Schwartz, Arthur A; Aspen
 Schwartz, Kenneth A; Rifle
 Smith, Royal A; Glenwood Springs
 Stahl, Michael; Carbondale
 Steinbrecher, Jerry S; Glenwood Springs
 Stirman, Jerry A; Glenwood Springs

Tomasso, Gerard I; Glenwood Springs

Walker, Sidney C; Glenwood Springs
 Weaver, James K; Glenwood Springs
 Weitzenkorn, Dan E; Glenwood Springs
 Whitcomb, Harold C Jr; Aspen
 Willsky, Eric M; Aspen

Yajko, R Douglas; Glenwood Springs

NORTHEAST COLORADO

Anderson, W Richard; Sterling

Buchanan, William S; Sterling

NORTHEAST COLORADO—PUEBLO COUNTY

Chesnut, Myrlen E; Holyoke
Clark, Curtis C; Sterling
Clark, D J; Sun City CA

Daly, Francis J; Sterling
Dowis, Gaylord M; Sterling

Elliff, John E; Sterling

Fillion, Robert J; Sterling

Genskow, Gordon L; Sterling

Kilpatrick, David M; Sterling
Kimball, N Curtis; Sterling

Laforce, Richard F; Sterling
Lamb, Richard C; Sterling
Ley, James W; Haxtun
Lopez, Edward M; Sterling
Lopez-Samayoa, Omar E; Julesburg
Lundgren, John C; Julesburg

Mackey, Jack L; Sterling
Maercklein, Wallace W; Evergreen
McKnight, James H Jr; Sterling

Ollhoff, Harold J; Sterling

Pickard, Thomas M; Sterling
Pohlman, Floyd H; Sterling

Regier, Donald D; Julesburg

Schiefen, James C; Imperial NE
Schmalhorst, Brian K; Haxtun
Stahl, Larry G; Sterling

Tennant, Edward E; Casper WY

Wagner, Kay E; Sterling

Zimmerman, Dudley C; Sterling

NORTHWESTERN COLORADO

Arnold, Andrew L; Winter Park; Tabernash

Bock, George W; Craig
Bookman, Lawrence B; Steamboat Springs
Bowen, G Scott; Steamboat Springs

Dudley, James R; Steamboat Springs

France, David W Jr; Walden

Grossman, Terry A; Granby

Hollar, Gregory F; Craig
Huffmire, Andre J; Craig

James, David R; Craig
Johnston, Henry M III; Steamboat Springs

Kipe, Larry W; Craig

Lowe, Walter R; Steamboat Springs

McCaulley, Mark E; Steamboat Springs
Monahan, E P Jr; Craig

Post, Lawrence T; Craig; Hamilton
Price, Vernon H; Steamboat Springs

Reishus, Allan D; Craig

Smilkstein, Daniel H; Steamboat Springs

Told, Thomas N; Craig
Tomlin, Donald D; Steamboat Springs

Williams, David M; Steamboat Springs

OTERO COUNTY

Acuna-Narvaez, Perlita; La Junta

Baumgartner, Robert B; La Junta
Berg, Mary J; Ordway

Clapp, Harry W; Ordway
Cummings, Daniel C; La Junta

Davis, Richard L; La Junta

Gay, Kent E; La Junta

Hofmann, Rudolf A; La Junta
Holm, William A; La Junta
Hunter, Carol A; Fort Lyon

Knaus, Kendal C; La Junta

Martin, Theodore E; Rocky Ford
McDonnel, Gerald E; Fowler

Narvaez, Roger W; La Junta

Rayburn, Charles R Jr; La Junta
Roberts, Emil L; Pueblo; Fowler

Sampson, Lloyd S; Las Animas
Satt, James M; Rocky Ford
Schmucker, Marion L; La Junta
Shand, J Alan; La Junta
Stabler, Lairie O; La Junta
Steinsiek, Amber D; Rocky Ford
Stutzman, Howard E; La Junta

Vandiver, G H; La Junta

Weber, Clayton C; La Junta
Wight, Willard R; Las Animas

Yoder, Paul T; La Junta

PUEBLO COUNTY

Absher, William K; Pueblo
Ackerly, Roscoe H; Pueblo
Adams, Francis S Jr; Pueblo
Affleck, Ty P; Pueblo
Alessi, John R; Pueblo
Alsever, Robert N; Pueblo
Anselm, Klaus; Pueblo; Beulah

Arnot, Charles W; Pueblo
Aschenbrener, Pamela; Pueblo

Bagale, Elia J; Pueblo
Bailon, Domingo; Pueblo
Balizet, Louis B; Pueblo
Ball, Michael E; Pueblo
Bartecchi, Carl E; Pueblo
Bartley, Thomas D; Pueblo
Bedard, Charles H; Pueblo
Bennett, Dana R; Pueblo
Birner, W Frederic; Pueblo
Bloor, Robert J; Pueblo West
Boucher, Wesley W; Pueblo
Bramer, Clifford F; Laguna Niguel CA
Brown, Stephen T III; Pueblo

Cabiling, L C Jr; Pueblo
Campbell, Velma L; Denver
Campbell, W MacRae; Pueblo
Capek, Richard B Sr; Pueblo
Childers, Stanley G; Pueblo
Chimento, James J; Pueblo
Church-Kettelkamp, Nancy S; Pueblo
Cichon, J Valentine; Pueblo
Clark, Dumont F; Pueblo
Clutter, Joseph S; Pueblo
Courtright, Anne C; Pueblo
Courtright, Claiborne L; Pueblo
Crawford, James W; Pueblo
Crosson, David L; Pueblo
Curry, Vernell W; Pueblo

Danylchuk, Kenneth D; Pueblo
Dardis, Walter T; Pueblo
Demshki, Andrew E Jr; Pueblo
Dernovsek, Kenneth D; Pueblo
Dernovsek, Kim K; Pueblo
Dickson, Robert P; Pueblo
Drake, Robert L; Pueblo

Eifert, Earl D; Pueblo
Ellsworth, Rita A; Pueblo; Lamar
Ewing, Wyman F; Pueblo

Farabaugh, Leonard J; Pueblo
Fitzgerald, Thomas J; Pueblo
Fowler, James B; Pueblo
Frost, Harold M Jr; Pueblo

Gaide, Thomas K; Pueblo
Garcia, Elizabeth M; Antonito; Alamosa
Gardner, John W; Pueblo
Gerber, Milo P; Pueblo
Gist, Wallace W; Pueblo
Grossman, Daniel R; Pueblo

Halprin, Arthur H; Pueblo; Beulah
Hamill, Richard G; Pueblo
Hanson, Charles A; Pueblo; Beulah
Hanson, Michael W; Pueblo
Hasan, Malik M; Pueblo
Hawlick, Garfield F; Lincoln NE
Hayhurst, Dale W; Pueblo
Herrington, Alan G; Pueblo
Hicks, Bernard L; Pueblo
Hogenkamp, Jon M; Pueblo
Hopkins, William G; Pueblo

Howe, Clifford S; Pueblo
 Hoyle, Clifford L; Pueblo
 Hulet, Brett L; Pueblo
 Hurley, Grant W; Pueblo
 Hynes, Bryan A; Pueblo

Jarrett, Michael B; Pueblo
 Jensen, Laurence G; Pueblo
 Johnson, Bruce M; Pueblo
 Johnson, Steven M; Pueblo

Kelley, Ralph L; Pueblo
 Kessler, Charles W; Pueblo
 Kessler, Sharon M; Pueblo
 Khan, Iqbal S; Pueblo
 King, Michael L; Pueblo
 King, Sherilyne J; Pueblo
 Kirk, Jude J; Pueblo
 Kort, Haydee C; Pueblo
 Krause, David C; Pueblo
 Kulik, Janice E; Pueblo
 Kuna, Gupta B; Pueblo

Laman, Muryl L; Pueblo
 LaMotte, Gary A; Pueblo
 Laprise, Paul M; Pueblo
 Larsen, James J; Pueblo
 Lawrence, Richard A; Pueblo
 Licon, Virgilio; Avondale; Blende
 Light, Ruth L; Pueblo; Colorado Springs
 Luebke, Donald C; Pueblo

Mackey, Winona R; Pueblo; Colorado Springs
 Marsh, Stuart G; Pueblo
 Martinez, Benjamin; Pueblo
 Massey, Benjamin H; Pueblo
 Mastro, Edward R; Pueblo
 McBurney, James W; Pueblo; Sun City West AZ
 McCaffrey, Paul P; Pueblo
 McCanless, James W; Pueblo
 McClung, Harvey W; Pueblo
 McLroy, Richard H Sr; Pueblo
 Meeuwssen, James W; Pueblo
 Mehta, Uday K; Pueblo
 Michailov, Dimiter V; Pueblo
 Miller, Roger W; Pueblo
 Miller, Ted W; Pueblo
 Moore, Timothy J; Pueblo
 Morgan, Alethia E; Pueblo
 Morton, David E; Pueblo
 Mueller, Edward E; Pueblo
 Murchison, William G; Pueblo
 Murley, Gordon D; Pueblo

Nash, Daniel A; Pueblo
 Nerenberg, Michael J; Pueblo
 Nevin-Woods, Christine R; Pueblo
 Nietfeld, Harlan W; Pueblo

Ohlsen, Joel D; Pueblo; Rye
 Osborn, Mark M; Pueblo

Pecevich, Mark; Pueblo
 Pemberton, James P; Pueblo
 Pflum, Eugene W; Pueblo
 Phelps, Harvey W; Pueblo
 Phelps, Lynn M; Pueblo
 Proctor, Carla R; Pueblo

Province, Darryl L; Pueblo
 Puls, Theodore J; Pueblo

Radway, Paul R; Pueblo
 Ramos, Michael A; Pueblo
 Rao, Y N; Pueblo
 Rapp, Barry M; Pueblo
 Rawat, Sumant; Pueblo
 Raye, Charles H; Pueblo
 Rea, John J; Pueblo; Pueblo West
 Redwine, Robert H; Pueblo
 Reichert, Thomas K; Pueblo
 Reilly, Gerald D; Pueblo
 Roukema, James E; Pueblo
 Rowley, Raymond D; Pueblo
 Ruiter, Richard; Pueblo
 Rusk, Harvey S; Pueblo
 Ryals, Jarvis D; Pueblo

Sackmann, Charles M; Pueblo
 Salerno, Charles F; Pueblo
 Sampath, Kulasekhar; Pueblo
 Santos, Arthur D; Pueblo
 Sbarbaro, James A; Pueblo
 Scheig, William B; Colorado Springs
 Schlomer, Donald; Pueblo
 Schmidt, John J; Pueblo
 Schneider, Herbert H; Pueblo
 Schorlemmer, Gilbert R; Pueblo
 Schottstaedt, Louise E; Pueblo
 Schultz, R J Black; Pueblo
 Settipani, Frank L; Pueblo
 Shonk, John J Jr; Pueblo
 Shroyer, Joseph M; Pueblo
 Skrei, Richard P; Pueblo
 Smiley, Scott L; Pueblo; Pueblo West
 Smith, Christopher J; Pueblo
 Smith, David D; Pueblo
 Smith, Harold J; Beulah
 Smith, Loyd L; Pueblo
 Smith, Thomas R; Pueblo
 Snyder, Charles E; Pueblo
 Souza, Pedro M; Pueblo
 Stachler, John M; Pueblo
 Stelle, Robert E; Colorado City
 Stjernholm, James R; Pueblo
 Stjernholm, T Christian; Pueblo
 Stjernholm, Thomas; Pueblo
 Sullivan, Wallace B; Pueblo
 Swartz, Carl W Jr; Pueblo
 Sweeney, Michele K; Pueblo

Tice, Frederick G Jr; Pueblo
 Tonne, Jay C; Pueblo
 Tonsing, Robert E; Pueblo
 Tonsing, Sara M; Pueblo
 Turman, William G; Colorado Springs; Pueblo West

Vancamp, Wesley; Pueblo West
 Vialpando, Stephen G; Pueblo
 Vickery, Don L; Pueblo
 Visconti, Francis T; Trinidad

Wainwright, Neil D; Pueblo
 Waldron, Carla C; Pueblo
 Walls, Larry D; Pueblo
 Wehling, Constance L; Pueblo
 Williams, George S Jr; Fort Collins

Wilson, Robert K; Pueblo
 Wilz, William P; Pueblo
 Wood, Michael; Pueblo
 Woods, Phillip H; Pueblo
 Wulfsberg, Einar J; Pueblo; Pueblo West

Yaeger, John J; Pueblo
 Yap, Alfredo T; Pueblo
 Young, Robert S Sr; Rancho Mirage CA
 Young, Robert S II; Pueblo

Zacher, Eustice; Pueblo
 Zawadowski, Raphael J; Pueblo

SAN LUIS VALLEY

Anderson, Sidney; Alamosa

Berkbigler, Dale T; Del Norte
 Bogner, Phillip J; Del Norte
 Brinton, William T; San Luis; Alamosa

Celada, Marco A; Antonito; La Jara
 Culp, Raymond M; Alamosa; Del Norte

Fay, Linda; Alamosa
 Firth, Michael G; Alamosa

Gonzales, Eugene A; Monte Vista; Alamosa

Harrod, C Scott; Alamosa
 Haug, Norman L; Del Norte

Judson, James N; Alamosa

Kelly, Robert R; Alamosa

Labouisse, David W; Alamosa
 Linden, Robert A; Alamosa

MacLeod, William A J; Alamosa
 McAuliffe, Gregory F; Alamosa
 McHugh, Robert L; Alamosa

Nason, Herbert M; Alamosa

Patterson, David K; Alamosa
 Porter, Richard F; Alamosa

Ruddell, James W; Alamosa

Slice, Roy T; Alamosa
 Steinberg, Kristina A; Alamosa
 Sunderman, Steve R; Alamosa

Taylor, Wallace E Jr; Alamosa
 Thomas, H Dale; La Jara
 Thomas, Joseph D; Alamosa

Vickers, Lonnie L; Del Norte

Wagner, R Paul; Alamosa
 West, Norman L; South Fork

SOUTHEASTERN COLORADO

Benton, Donald F; Lamar

SOUTHEASTERN COLORADO—WELD COUNTY

Ghaibeh, Ousama; Lamar
Hadley, John C; Eads
Lee, Michael J; Lamar
Likes, Edwin C; Lamar
Manalo, Antonio S; Springfield
Patzler, Mark S; Lamar
Ward, Robert G; Holly

WASHINGTON-YUMA COUNTY

Berry, Jack L; Wray
Buchanan, Robert D; Wray
Loyd, Robert G; Wray
Pearse, Jack H; Yuma

WELD COUNTY

Abbot, Stewart M; Greeley
Adams, John C; Greeley
Allely, James W; Greeley
Allen, Brian J; Greeley
Allen, Neil H; Greeley
Anderson, Gilbert I; Greeley
Anneberg, Spencer K; Greeley
Armbrust, Douglas W; Greeley
Artist, E J; Greeley

Bagley, David L; Eaton; Greeley
Baldwin, Thomas E Jr; Greeley
Barber, Donn J; Greeley
Bates, David E; Eaton
Bauerle, Gary W; Greeley
Blattner, Mary Austin; Greeley
Blattner, Robert Elliott; Greeley
Bloink, Steven W; Greeley
Boelter, William C II; Greeley
Bradley, Robert C; Windsor
Brigham, Dwight P B; Greeley
Burch, William D; Greeley
Burket, Charles R; Greeley
Bussey, Randy M; Greeley

Carey, Michael V; Windsor
Carter, Douglas B; Greeley
Carter, Susan D; Greeley
Cary, Ethan R; Greeley
Cash, Robert L; Greeley
Chapman, Ronald W; Greeley
Chesley, Charles C; Greeley
Clark, Ronald D; Greeley
Clifford, Nathan J; Greeley
Cook, Donald E; Greeley
Cooper, John D; Greeley
Corona, Joseph A; Greeley
Crews, Jerry R; Greeley
Cross, Pamela; Greeley
Cullen, John P; Greeley
Cutshall, Richard C; Greeley
Cutts, William B; Greeley

Dallow, Kurt T; Windsor
Davis, Windon H; Greeley
Derk, Thomas; Greeley
Dick, Milton L; Greeley
Doxsee, George C; Greeley
Dunn, Thomas R; Greeley
Edwards, Stanley O; Greeley
Ferguson, Joe R III; Greeley

Fink, Anthony G; Greeley
Flower, Thomas J; Greeley
Foe, Elaine V; Greeley
Fonken, Paul W; Greeley
Foulk, Arnold R Jr; Greeley
Gentry, Robert P; Greeley
Gilmore, Bruce T; Greeley
Golub, Roger Joel; Greeley
Gordon, Randolph L; Greeley
Grossnickle, Mark D; Greeley
Groves, Fred B; Greeley
Hajek, Michael R; Greeley
Han, John S; Greeley
Harms, Thomas L; Greeley
Hartley, Robert D; Denver; Greeley
Haygood, Jerry W; Fort Lupton
Helm, Albert J; Sun City AZ
Hesse, Eugene J; Lasalle; Greeley
Hewitt, Glenn O; Greeley
Hicks, James C; Greeley
Hipkin, David; Greeley
Hiratzka, Paul S; Greeley
Horner, Jillian E; Greeley
Houghton, William A; Greeley
Humphries, William C Jr; Greeley
Hunter, Brett P; Greeley
Hurst, John G; Greeley

Jacobs, Kellie L; Greeley
Jaouen, Richard M; Greeley
Johnson, Roger M; Greeley
Jung, Bruce R; Greeley

Kading, Steven O; Greeley
Kadlub, Edwin D; Windsor
Kahn, Robert J; Greeley
Kailasam, Velusamy; Greeley
Kellman, Arlene M; Greeley
Kemme, Richard J; Greeley
Kidder, Lewis A; Mesa AZ
Kim, Kwi Sook; Greeley
Kim, Yu Hong; Greeley
Kinzer, Edward J; Johnstown
Kiser, Rick E; Greeley
Kozloff, Stephen R; Greeley
Kuykendall, Fred D; Greeley

Lembitz, Alan M; Greeley; Loveland
Leppla, Leslie A; Greeley
Lim, Meng Lai; Greeley
Lindquist, Timothy C; Greeley
Liningier, Thomas R; Greeley
Loeppke, Ronald R; Greeley
Lord, Jonathan G; Greeley
Lower, Dennis L; Greeley
Lujan, Diana L; Greeley

Major, James C; Greeley
Mangum, William K; Greeley
Marsh, Randall C; Greeley
McCall, Janis R; Greeley
McConnell, Peter J; Delta; Windsor
McDivitt, Robert B; Greeley
McVicker, John H; Greeley
Mills, John W; Greeley
Mogab, John C; Greeley
O'Neal, Jean P; Greeley
Oelrich, Carl D; Greeley
Olds, Kenneth M; Greeley

Osborne, Richard B; Greeley
Pace, R Scott; Greeley
Parkhurst, Aaron E; Greeley
Parsons, Sally A; Greeley
Patterson, Charles R; Ault
Peetz, Michael E; Greeley
Peetz, Shelley L; Greeley
Peppers, Tracy D; Denver
Peterson, James H; Greeley
Peterson, Keith E; Greeley
Phelps, Herschel R; Loveland; Greeley
Porter, Robert T; Evansville IN
Pratt, T Diane; Greeley
Purdie, Frank R; Greeley
Quinn, Richert E Jr; Greeley
Rademacher, Donald R; Greeley
Rangel, Keith A; Greeley
Ringel, Marc; Greeley
Roberts, Gareth K; Greeley
Roberts, Gregory L; Greeley
Rome, Clifford J; Greeley

Sabin, Clarence W; Windsor
Schauemberg, Edward G Jr; Greeley
Schmeh, Carl A; Greeley
Schneider, Thomas F; Greeley
Schwartz, Jeffrey C; Greeley
Shapiro, Miriam R; Greeley
Shields, David A; Greeley
Shore, Roy H; Greeley
Shwayder, Reynold I; Greeley
Sills, Theron G; Greeley
Sisson, Earl M; Greeley
Smith, Hubbard W; Greeley
Smith, Myron C; Greeley
Song, Yo-Jun; Greeley
Sprague, Dawin C; Johnstown
Stahlman, Richard L; Greeley
Stanton, Michael W; Greeley
Stone, Michael D; Greeley
Sullivan, Patrick J; Greeley
Summerson, Donald J; Greeley
Thompson, J Thomas; Ault
Vandeest, Bennie W; Wheat Ridge
Vanetti, Carol S; Greeley
VanVooren, James S; Greeley
Vaughan, Judith B; Greeley
Venbrux, Henry J; Greeley

Watt, John E; Greeley
Weaver, John A Jr; Greeley
Weeks, Jeffrey B; Greeley
Weil, Jerry; Greeley
Welch, John R; Greeley
Wheeler, James R; Greeley
Widney, Sam E; Greeley
Wiege, Eugene A; Greeley
Wignall, William B; Greeley
Wikholm, Larry J; Greeley
Wills, Theodore E; Greeley
Wilson, D Craig; Greeley
Wolach, Bernerd L; Greeley
Woods, Michael W; Greeley

Yockey, Raymond L; Greeley
Yoder, Franklin D; Greeley
Young, Mark D; Greeley

Zuidema, Jacob J; Estes Park

Section 4

COLORADO MEDICAL SOCIETY SPECIALTY PRACTICE INDEX

- Practice Specialties listed alphabetically
- Members listed under Primary Specialty with cross reference to geographic listings in Section 1

ADMINISTRATIVE MEDICINE

Arnot, Charles W; Pueblo
Ashbach, Nancy W; Denver; Loveland

Becker, Paul G; Denver
Bennett, Willis L; Denver
Bigelow, D Boyd; Denver
Bock, George W; Craig
Bowling, F Lee; Englewood

Dracon, Dan; Lakewood

Gabow, Patricia A; Denver
Guthrie, Michael B; Colorado Springs

Harper, Barry K; Fort Collins
Hipple, Lynwood M; Montrose

Jacobson, Eugene D; Denver

Kahn, Kenneth A; Boulder
Kandel, George E; Denver; Littleton
Kort, Haydee C; Pueblo

Lubchenco, Michael A; Denver

Matheson, George W; Colorado Springs
Melinkovich, Paul; Denver; Evergreen
Miles, Vincent N; Denver; Castle Rock
Miller, Edward S; Denver
Moore, Virginia M; Englewood; Littleton
Muir, Bennett W; Parker

Robinson, William M M; Hendersonville NC
Ryder, William H; Colorado Springs

Schwarz, M Roy; Chicago IL
Shoemaker, Larry D; Colorado Springs; Monument
Stone, Ken A; Denver

Taylor, Frank A; Wheat Ridge
Turman, William G; Colorado Springs; Pueblo West

Weaver, Robert H; Denver; Golden
Wright, Richard A; Denver

Young, Robert S Sr; Rancho Mirage CA

Zick, H Rolan; Boulder

ADOLESCENT MEDICINE

Beard, Donald Y; Fort Collins
Brudenell, Mary Dina; Boulder

Cook, Donald E; Greeley

Dieringer, Thomas M; Fort Collins
Dudley, James R; Steamboat Springs

Hoch, Peter C; Denver

Jamison, Jacqueline H; Denver

Meyer, Ronald C; Wheat Ridge; Lakewood

Nelson, Roy G; Louisville

Reddy, Carol F; Denver

Shoptaugh, A Glenn Jr; Colorado Springs
Simon, David C; Aurora
Stapp, R Holbrook; Englewood; Denver

Weiner, Melvin H; Highlands Ranch; Denver
Wells, David W; Aurora; Parker

AEROSPACE MEDICINE

Alexander, Martin M; Denver

Baumgartner, Robert B; La Junta
Becky, Joseph R; Denver
Bowling, F Lee; Englewood

Coleman, Donald L; Breckenridge
Curtis, Kenneth W Jr; Fort Collins

DiAsio, Richard A; Colorado Springs

Greenheck, Robert R; Denver; Aurora
Greenholz, Daniel J; Aurora; Denver
Grossman, Richard A; Durango

Hipple, Lynwood M; Montrose

Kendall, Wayne F Jr; Colorado Springs; Monument
Kornberg, James P; Boulder

Laman, Muryl L; Pueblo

Maul, Herman S; Lakewood; Denver

Nevison, Thomas O; Denver

Parker, Robert W; Westminster

Rapp, Alan D; Colorado Springs

Terbush, James W; Castle Rock

Zick, H Rolan; Boulder
Zimmerman, Robert L; Colorado Springs

ALCOHOL & DRUG ABUSE

Berns, Barry R; Fort Collins

Carlson, H Blair; Denver

Dilts, Stephen L; Denver; Morrison

Garlick, Ivor; Denver

McClure, Scott H; Colorado Springs; Englewood

Shoemaker, Larry D; Colorado Springs; Monument
Shwayder, Reynold I; Greeley

ALLERGY

Andrews, Francine G; Lakewood; Golden
Avner, Sanford E; Denver; Englewood

Bock, S Allan; Boulder
Booren, Jack C; Denver
Bortz, Alan I; Littleton; Denver

Conlon, Robert M; Fort Collins
Cowen, D Eugene; Englewood
Culver, William G; Loveland

Dragul, Paul H; Denver; Englewood
Duhon, Samuel C Sr; Boulder

Edgerton, J Craig; Durango

Gabelman, Omer P; Grand Junction; Kennewick WA

Gelman, Lloyd D; Boulder
Gerdes, Kendall A; Denver
Golbert, Thomas M; Lakewood; Denver
Groeger, Raymond J; Woodland Park

Hartshorn, Denzel F; Grand Junction

Johnston, J Harvey; Green Valley AZ
Jones, Rodney H; Lakewood
Jones, Roy W; Denver

Karlin, Joel M; Lakewood; Denver

Luzietti, Richard G; Aurora; Littleton

Mason, Ulysses G III; Denver
McMahon, B Thomas; Denver
Moehring, Roswitha; Denver
Molk, Leizer; Denver
Moon, William A Jr; Denver

Nonas, Nicholas G; Englewood; Denver

Pearlman, David S; Aurora; Englewood

Reddy, Carol F; Denver
Richards, Robert B; Fort Morgan

Scott, William A; Grand Junction
Selner, John C; Denver
Service, William C; Colorado Springs
Shira, James E; Denver; Englewood
Siegel, Gary L; Lakewood; Denver

Tuft, Harold S; Denver

Vedanthan, P K; Fort Collins

Wanderer, Alan A; Englewood
Whitehead, Stephen B; Boulder

ALLERGY & IMMUNOLOGY

Adinoff, Allen D; Aurora; Denver
Andrews, Francine G; Lakewood; Golden
Avner, Sanford E; Denver; Englewood

Banyash, Larry W; Basalt
Baswell, Bonnie J; Colorado Springs
Bodman, Stephen F; Colorado Springs
Buckley, Jerome M; Aurora; Denver

Culver, William G; Loveland

Go, Sumio; Colorado Springs
Golbert, Thomas M; Lakewood; Denver

Hilty, Lydia B; Wheat Ridge

Kailasam, Velusamy; Greeley
Koepke, Jerald W; Denver; Littleton

Levine, Mark A; Englewood; Aurora

Menzel, Mark L; Boulder
Murthy, Krishna C; Fort Collins

Nathan, Robert A; Colorado Springs

Pace, R Scott; Greeley
Pearlman, David S; Aurora; Englewood

Schocket, Alan L; Denver
Service, William C; Colorado Springs
Silvers, William S; Englewood; Denver
Storms, William W; Colorado Springs

VanHardenbroek, Mechteld; Grand Junction
Vedanthan, P K; Fort Collins

AMBULATORY MEDICINE

Gerrard-Gough, Brodie; Colorado Springs
Gilmore, Bruce T; Greeley

Kirshenbaum, Gerald; Aurora; Englewood

Moore, George E; Denver; Conifer

Satt, James M; Rocky Ford
Schwartz, Arthur A; Aspen

ANATOMIC PATHOLOGY

Adams, William R; Denver
Allen, Patrick C; Loveland
Altshuler, John H; Englewood

Baitlon, Domingo; Pueblo
Benson, Alan E; Longmont
Bowerman, David L; Colorado Springs

Carver, Robert K; Englewood; Aurora
Chu, Henry D; Denver
Clark, Donald M; Denver
Cox, William F Jr; Wheat Ridge; Golden

Dawson, Donald L; Colorado Springs
Decker, John T; Fort Collins
Dillon, Robert F; Colorado Springs

Englund, Garth W; Fort Collins

Hodges, W Jeff; Denver; Golden

Jalota, Renu; Aurora

Kircher, Lorence T III; Colorado Springs
Knaus, Kendal C; La Junta

Lawshe, Barry; Colorado Springs

McQuaid, James L; Denver

Olshock, Richard; Wheat Ridge

Philpott, Peter J; Englewood
Pizzo, Christopher J; Denver

Saccomanno, Geno; Grand Junction
Sherwin, Richard M; Colorado Springs
Smith, Elwin A; Denver; Littleton
Speers, Wendell C; Denver
Steinbrecher, Jerry S; Glenwood Springs

Tuttle, Steven E; Colorado Springs

Visconti, Paul B; Denver; Aurora

Wagner, Elaine D; Denver
Weil, Jerry; Greeley
Wood, John M; Englewood; Littleton

ANESTHESIOLOGY

Alanis, Joseph M; Englewood
Allison, Olaf W; Denver
Arensberg, Lee C; Denver

Bahlman, Steven H; Wheat Ridge; Golden
Baker, Ronald K; Denver; Castle Rock
Balke, Per-Olof; Grand Junction
Balkins, A J Jr; Boulder
Ballinger, Carter M; Denver
Bartee, Roy M II; Denver
Barth, Robert L; Denver
Barton, M Dennis; Denver
Bertz, Michael W; Denver
Best, Thomas E Jr; Wheat Ridge
Binding, Ronald R; Denver
Biscardi, Henry M; Denver
Braude, Walter; Denver
Brookens, Bruce R; Denver; Englewood
Buesing, Russell; Denver

Carnes, Marion M; Durango
Carpenter, Joseph D; Lakewood
Clarke, Benjamin K; Denver
Cochran, Thomas S Jr; Fort Collins
Conrad, Natalie D; Denver
Cook, Shelby S; Denver
Cooper, Daniel R; Cherry Hills
Copeland, F Aubrey; Littleton; Greenwood Village
Cregger, Irby E; Denver
Cutrell, Louis M Jr; Wheat Ridge; Arvada

Davis, Ben K; Colorado Springs; Monument
Davis, Dan M; Denver
deCampo, Teruel; Denver; Englewood
Dedo, William R; Denver
Derk, Thomas; Greeley
DeYoung, Roland W; Glenwood Springs
Dick, Milton L; Greeley
Domurat, Michael F; Denver; Morrison
Dogan, Robert P; Colorado Springs
Doxsee, George C; Greeley
Driver, Thomas F; Lakewood

Elliott, Jeffrey L; Denver
Elliott, Robert J; Grand Junction
Ellis, Ronald D; Denver
Eisey, Edward C Jr; Lakewood

Faseehuddin, Mohammed; Denver
Fischer, Javier A; Denver
Franklin, David C S; Denver
Friedman, Jacob; Denver
Fujisaki, Charles K; Denver

Galloway, Frederick M; Denver; Lakewood
Gardner, Steven M; Grand Junction
Garland, James W; Colorado Springs
Genskow, Gordon L; Sterling
Gibbs, Charles P; Denver; Englewood
Gildersleeve, Richard G; Boulder
Gillespie, Elizabeth J; Fort Collins
Gilman, James I; Denver
Gist, Wallace W; Pueblo
Golter, Lee B; Grand Junction
Gonzales, James G; Denver
Greenhalgh, Charles R; Denver
Griffiths, Leonard L III; Denver
Grow, John B Jr; Denver
Guerra, Frank; Denver
Guilfoyle, Edward J; Denver

Halfen, David P; Denver; Golden
Hall, J Michael; Colorado Springs
Hamann, Richard A; Denver
Han, John S; Greeley
Hanson, Michael W; Pueblo
Harrison, Martin R; Golden
Hartwig, Frank E; Denver
Hawley, William J; Montrose
Heaton, Carl E; Denver
Heisterkamp, David V; Denver
Helm, Albert J; Sun City AZ
Hicks, Bernard L; Pueblo
Higgins, Andrew G; Denver; Wheat Ridge
Hilberman, Mark; Boulder
Hileman, Lyle S; Denver
Hodges, Kathleen A; Denver
Horvath, Joseph S; Aurora; Englewood
Hrdlicka, Jan; Arvada
Humphries, Jesse H; Denver
Hyde, Edwin G; Englewood

Jacoby, Richard M; Denver; Castle Rock
Jones, George D; Denver; Lakewood

Karasek, Dagmar; Denver; Englewood
Karasek, Jan; Denver
Kim, Kwi Sook; Greeley
Kim, Yu Hong; Greeley
Kistler, Dale C; Denver
Klein, Russell C; Golden

Larimer, Craig W; Colorado Springs
Layden, Donna; Denver
Leonard, Michael W; Denver; Evergreen
Lesznik, George R; Aurora; Denver
Lord, Jonathan G; Greeley

Madan, Veena; Denver
Magee, Archie E; Grand Junction

BRONCHO-ESOPHA GEOLOGY

Hartshorn, Denzel F; Grand Junction

Kinzler, Dale L; Arvada

Rainer, W Gerald; Denver

CARDIOLOGY

Backup, Linda D; Longmont; Lyons
Blonder, Ronald D; Colorado Springs
Brennan, Michael W; Denver

Cadigan, Robert A Jr; Colorado Springs
Carson, Richard; Littleton; Englewood
Chapel, Harold L; Brush; Sterling
Cohen, Andrew I; Aurora

Duffey, Daniel J; Grand Junction

Ferrell, John T; Denver; Arvada
Flanigan, Richard J; Denver
Friedman, H Harold; Denver

Greenberg, David I; Colorado Springs
Greenberg, Jerry H; Aurora

Haas, John M; Aurora; Englewood
Hahn, Gary W; Wheat Ridge
Hays, John C; Colorado Springs
Hilty, Raymond W Jr; Boulder

Jalowiec, Deborah A; Colorado Springs
Jantz, Richard D; Denver
Jensen, Susan R; Colorado Springs
Jones, Rodney H; Lakewood

Kayser, Harold L; Littleton
Kucinski, Chester S; Colorado Springs

Laman, Muryl L; Pueblo
Larson, Dennis G; Fort Collins
Law, Ronald K; Denver; Englewood
Lesage, Charles H Jr; Wheat Ridge

Marsh, Randall C; Greeley
Mathe, Richard A; Denver
Miklin, Jerry S; Wheat Ridge
Miller, Eugene; Colorado Springs
Miller, Eugenia M; Aurora
Miller, J Brian; Colorado Springs

Neerukonda, Shanti K; Aurora

Okin, J Thos; Denver

Rapp, Alan D; Colorado Springs
Roess, Thomas J; Snowmass

Schneider, Dieter W; Denver
Sherman, Morton E; Aurora; Englewood
Smith, G Paul; Grand Junction
Stack, Robert K; Colorado Springs

Vancamp, Wesley; Pueblo West

Manhart, Richard A; Montrose
Marta, John A; Colorado Springs
Massey, Benjamin H; Pueblo
McCanless, James W; Pueblo
McCarthy, Liam D; Littleton
McClean, Charles K; Denver
McCrary, Charles B; Brighton
McGeary, Thomas M; Denver
Mehos, William G; Salida
Menhusen, Monty J; Denver
Mogab, John C; Greeley
Mote, Paul S; Colorado Springs
Mueller, Edward E; Pueblo
Munson, Wayne M; Colorado Springs
Murphy, David M; Englewood
Murray, Ives P; Greeley

Nash, Rex D; Colorado Springs
Near, Alida R; Castle Rock
Neff, William A; Fort Collins
Nevison, Thomas O; Denver
Newens, Adrian F; Denver
Nickell, Leo C; Englewood
Nieder, Robert M; Englewood
Norrie, Thomas K; Fort Collins
Novak, Deborah W; Grand Junction

Oakes, Frederick C Jr; Glenwood Springs

Parker, Kay C; Denver; Morrison
Parkinson, Wendy M; Denver
Peetz, Shelley L; Greeley
Pence, Tom K; Colorado Springs
Peshock, James R; Boulder
Phelps, Amy R N; Colorado Springs
Pick, Melvin M; Colorado Springs
Pierce, Alson F; Peyton
Pratt, Thomas C; Durango
Press, Peter; Denver
Puckett, William N; Denver

Quinby, James L; Denver

Rastrelli, Alan J; Denver; Littleton
Rechnitz, Gary D; Fort Collins
Richardson, Kenneth R; Lakewood; Englewood
Rogers, Jean C; Denver; Aurora
Rosenberg, Stuart G; Denver; Morrison
Ross, Michael C; Denver
Ruggera, Gary C; Durango
Ryan, John P; Boulder; Lyons

Salimbeni, Julio C; Fort Collins
Sell, Dean J; Denver
Shaw, Thomas J; Denver
Shidler, Elmore J; Brighton
Smith, Frederick R III; Denver
Smith, Ronald E; Grand Junction
Sneddon, Wallace A; Longmont
Song, Yo-Jun; Greeley
Sowl, Duane D; Boulder
Stacey, N Russell Jr; Longmont
Stedman, Edith L Bratton; Sarasota FL
Stein, Donald W; Boulder
Strand, Melford L; Denver; Englewood
Swain, Robert B; Colorado Springs
Swanson, Robert L; Durango

Tarlie, Ansel; Englewood
Tharp, James A; Denver; Littleton
Thatcher, George W; Olympia WA
Thomas, B Lewis Jr; Grand Junction
Thompson, Stephen D; Denver; Arvada
Thurston, Jon R; Montrose
Tiu, Celsa T; Denver
Tomlinson, Charles O; Denver
Trautner, Marilyn P; Denver; Littleton

Vacanti, John J; Lakewood
Valentine, John D; Denver
Vickland, James R; Longmont; Berthoud
Virtue, Robert W; Denver

Wassill, Valerie M; Denver; Littleton
Watson, Donald D; Wheat Ridge; Lakewood
Weddel, Stephen J; Longmont
Weigers, Kim R; Denver
Wick, Albert M; Denver; Littleton
Williams, Michael J; Denver; Castle Rock
Williams, Roger A; Denver; Englewood
Willis, Murray S; Wheat Ridge
Willis, Thomas M; Cortez
Willisky, Eric M; Aspen
Wilson, Linda L; Denver; Boulder
Wingle, Virginia; Denver
Winter, Clara L; Englewood

Zarlengo, Charles V; Lakewood

ARTHRITIS

Clayton, Mack L; Denver

ASTHMA

Andrews, Francine G; Lakewood; Golden

Bock, S Allan; Boulder
Buckley, Jerome M; Aurora; Denver

Culver, William G; Loveland

Gabelman, Omer P; Grand Junction; Kennewick
WA
Golbert, Thomas M; Lakewood; Denver

Karlin, Joel M; Lakewood; Denver

McClellan, Charles W; Colorado Springs
Moehring, Roswitha; Denver

Nathan, Robert A; Colorado Springs

Pearlman, David S; Aurora; Englewood

Reddy, Carol F; Denver

Service, William C; Colorado Springs

Vedanthan, P K; Fort Collins

BLOOD BANKING PATHOLOGY

Dawson, Donald L; Colorado Springs

CARDIOLOGY—CLINICAL PATHOLOGY

Ward, Jonathan M; Boulder
Webel, Jacob; Grand Junction
Wood, Edward H; Colorado Springs

Zimmerman, Robert L; Colorado Springs

CARDIOVASCULAR DISEASES

Adams, Ralph W; Colorado Springs

Backup, Linda D; Longmont; Lyons
Battock, Dennis J; Aurora
Baum, Robert S; Denver

Clifford, Nathan J; Greeley
Cole, Brian; Colorado Springs
Cook, William R; Denver
Craddock, Lane D; Denver

Duman, Louis J; Denver

Eldridge, Joan E; Aurora

Flanigan, Richard J; Denver
Frey, Charles T; Cedaredge

Giansiracusa, Richard F; Loveland
Glode, John E; Longmont; Hygiene
Godfrey, Clarke C II; Denver
Gordon, Gerald S; Denver; Littleton
Greenberg, David I; Colorado Springs

Haas, John M; Aurora; Englewood
Hoffman, Murray S; Denver
Humphries, William C Jr; Greeley
Hutcherson, John D; Denver

Jensen, Susan R; Colorado Springs

Khan, Iqbal S; Pueblo
Kleiner, John P; Colorado Springs
Kowal, Ira J; Englewood; Littleton
Kucinski, Chester S; Colorado Springs

Leavitt, Timothy W; Wheat Ridge; Arvada
Levitt, Peter W; Denver
Luckasen, Gary J; Fort Collins

Mathe, Richard A; Denver
McClellan, Charles W; Colorado Springs
Mendoza, Carlos A; Westminster
Miller, J Brian; Colorado Springs
Molk, Barry L; Aurora
Moothart, Richard W; Colorado Springs

Pacheco, Jose P; Westminster
Pacini, Donald R; Grand Junction
Ptasnik, Michael J; Denver; Englewood

Rapp, Alan D; Colorado Springs
Richardson, J William; Denver

Sable, David L; Fort Collins
Sbarbaro, James A; Pueblo
Schoonmaker, Fred W; Denver
Schuchman, Harvey A; Denver; Englewood
Sellers, Dilworth P; Colorado Springs
Shander, David; Denver

Sheehan, Mark W; Denver; Englewood
Slonim, N Balfour; Denver
Smith, Barry R; Denver; Littleton
Snyder, Gary L; Grand Junction
Snyder, Joseph; Denver
Spangler, Richard D; Denver
Stachler, John M; Pueblo
Steele, Peter P; Denver
Stjernholm, T Christian; Pueblo
Svinarich, J Thomas; Denver; Westminster

Tulin, Christopher N; Colorado Springs
Turvey, B Edward Jr; Boulder

Vigoda, Philip S; Denver; Englewood
Vijay, Nampalli K; Denver; Englewood

Weily, Hugh; Denver
West, Norman L; South Fork
Wong, Bert Y; Colorado Springs

Zeitlin, Warren M; Vail

CARDIOVASCULAR SURGERY

Ammons, Mark A; Denver
Anderson, James T; Colorado Springs

Bartley, Thomas D; Pueblo
Blair, Emil; Rockville MD
Brantigan, Charles O; Denver

Campbell, David N; Denver; Littleton
Carey, Thomas A; Denver
Carson, Stanley D; Denver
Clarke, David R; Denver

Demong, Charles V; Denver

Elliott, Donald P; Denver

Grow, John B Sr; Denver
Guadagnoli, Mark D; Fort Collins

Harken, Alden H; Denver; Littleton
Harwood, James T; Denver; Englewood
Hoffman, James F Jr; Fort Collins

Kamau, Pius K; Aurora

Lindeman, George M; Colorado Springs

Manart, Frank D; Denver
Meza, Felix; Denver

Pang, Herman; Denver; Englewood
Pappas, George; Denver; Littleton
Parker, Richard K; Denver
Paton, Bruce C; Denver
Petersen, Warren A; Grand Junction
Pomerantz, Marvin; Denver; Castle Rock
Propp, John G; Denver

Rainer, W Gerald; Denver
Randono, John J; Colorado Springs

Sadler, Theodore R Jr; Grand Junction
Salata, John Robert; Colorado Springs

Santos, Arthur D; Pueblo
Schorlemmer, Gilbert R; Pueblo
Smail, W Carlyle Jr; Denver; Englewood
Smith, Daniel L; Denver; Englewood
Spees, Everett K Jr; Denver
Stanton, Michael W; Greeley

Tullis, Gene E; Denver; Highlands Ranch

Voiles, J David; Fort Collins

Walker, E Lance; Denver; Littleton

Yajko, R Douglas; Glenwood Springs
Yee, Edward S; Colorado Springs
Young, David H; Denver

CHILD NEUROLOGY

Bernstein, Lawrence H; Denver

Ellison, Patricia H; Denver; Englewood

Finkel, Richard S; Denver; Golden

Levisohn, Paul M; Denver

Nay, Leston B; Littleton; Denver

Thulin, Barbara W; Englewood

CHILD PSYCHIATRY

Brock, Robert J; Fort Collins

Carlson, Robert G; Denver
Clark, Lee W; Westminster; Denver
Cline, Foster W Jr; Evergreen
Cresswell, George F; Colorado Springs

Everett, Ralph E; Colorado Springs

Graham, William H; Aurora; Denver

Hauser, Charles E; Colorado Springs
Hopple, Lynwood M; Montrose

LaBaw, Wallace L; Denver
Lauer, James W; Denver
Locketz, Harold D; Denver

Rabin, Ronald A; Denver
Rose, Cynthia; Colorado Springs
Rosen, Gary B; Boulder

Solomon, Maurice C; Colorado Springs
Sykes, William M; Denver; Golden

Tonsing, Robert E; Pueblo

CLINICAL PATHOLOGY

Adams, William R; Denver
Allen, Patrick C; Loveland
Altshuler, John H; Englewood

Baitlon, Domingo; Pueblo

Benson, Alan E; Longmont
Bowerman, David L; Colorado Springs

Carver, Robert K; Englewood; Aurora
Chu, Henry D; Denver
Cox, William F Jr; Wheat Ridge; Golden

Dawson, Donald L; Colorado Springs
Decker, John T; Fort Collins
Dillon, Robert F; Colorado Springs

Elzi, Ernest P; Denver
Englund, Garth W; Fort Collins

Hodges, W Jeff; Denver; Golden

Jalota, Renu; Aurora
Jones, Rodney H; Lakewood

Kircher, Lorence T III; Colorado Springs
Knaus, Kendal C; La Junta

Lawshe, Barry; Colorado Springs

McQuaid, James L; Denver

Olshock, Richard; Wheat Ridge

Philpott, Peter J; Englewood
Pizzo, Christopher J; Denver
Poulsom, Edwin D; Denver

Sherwin, Richard M; Colorado Springs
Smith, Elwin A; Denver; Littleton
Steinbrecher, Jerry S; Glenwood Springs

Tuttle, Steven E; Colorado Springs

Visconti, Paul B; Denver; Aurora

Weil, Jerry; Greeley

CLINICAL PHARMACOLOGY

Dunn, James M; Englewood; Littleton

Gottlieb, Thomas B; Arvada

COLON & RECTAL SURGERY

Adams, Francis S Jr; Pueblo

Buck, George R; Denver

Capek, Richard B Sr; Pueblo
Cohen, Edmond F; Denver
Cohen, Richard S; Lakewood; Denver

Day, John R M; Boulder

Gerrard-Gough, Brodie; Colorado Springs
Greer, Joseph C; Denver

Jacques, Thomas F; Denver

King, Michael L; Pueblo
Kirshenbaum, Gerald; Aurora; Englewood

LaVoo, John W; Colorado Springs

MacPhee, William M; Aurora; Denver
Mangum, William K; Greeley
Mozia, Nelson I; Wheat Ridge; Golden

Schmitt, Henry J Jr; Colorado Springs
Schwartz, Arthur A; Aspen

Waggener, H U; Denver

CRITICAL CARE MEDICINE

Abernathy, Charles M Jr; Denver

Bechtel, Joel J; Grand Junction
Berg, Robert N; Denver; Englewood
Buckley, John E; Denver

Davidson, Allan B; Colorado Springs
Demarco, Frank J Jr; Wheat Ridge; Golden

Fliegelman, Martin J; Denver; Englewood

Good, James T Jr; Denver; Englewood

Lapidus, Robert J; Wheat Ridge; Evergreen

McClung, Harvey W; Pueblo
Miller, Terry D; Wheat Ridge; Arvada
Moore, Frederick A; Denver

Oakley, Robert D; Denver; Littleton

Petrin, Mark; Fort Collins

Repsher, Lawrence H; Wheat Ridge

Sandhaus, Robert A; Denver; Littleton
Santos, Arthur D; Pueblo

Taryle, David A; Denver; Greenwood Village
Tate, Robert M; Denver

Wolz, John F; Fort Morgan

DERMATOLOGY

Aeling, John L; Aurora
Albright, Phillip H; Aurora
Ambler, John V; Denver
Asarch, Richard G; Englewood

Barfield, Lawrence F; Denver
Beyer, Eugene F; Colorado Springs
Blattner, Mary Austin; Greeley
Bowman, William J; Littleton; Englewood
Bremers, Harold H; Denver; Englewood
Brenman, Steven A; Wheat Ridge
Burrow, Maida L; Grand Junction

Capin, Leslie R; Aurora
Clark, Scott D; Longmont
Cole, Larry W; Colorado Springs
Courtright, Claiborne L; Pueblo
Cullimore, Kip C; Denver

Cunningham, Leon D; Colorado Springs

Davis, Windon H; Greeley
Dernovsek, Kim K; Pueblo
Dilorenzo, Pasquale A; Wheat Ridge; Arvada

Erickson, Larry R; Lakewood; Golden
Eubanks, Stephen W; Denver

Gaughan, Lawrence J; Durango
Golitz, Loren E; Denver; Aurora
Grant, Paul J; Englewood

Imber, Richard J; Denver

Johnston, J Harvey; Green Valley AZ

Kessler, Sharon M; Pueblo
Koehn, Gerard G; Colorado Springs
Kort, W Thomas; Lakewood; Littleton
Kreye, George M; Littleton

Lewis, Barton L; Colorado Springs
Lewis, Leonard A; Miami FL
Lillis, Patrick J; Loveland
Loeffler, Anna T; Englewood

Maloney, J Michael III; Denver
Mandel, Mickey J; Denver; Englewood
Markewich, Gary S; Colorado Springs
McCoy, James A; Colorado Springs
McDonnell, Michaela W; Lakewood
Musman, David J; Englewood

Nuss, Donald D; Aurora

Oppenheim, Walter H; Wheat Ridge
Orton, Paul W; Highlands Ranch; Littleton

Packer, Robert H; Englewood; Littleton
Papadeas, Gregory G; Wheat Ridge; Denver
Philpott, Osgoode S Jr; Denver; Englewood

Rashleigh, Perry L; Grand Junction
Ravin, Rose S; Denver
Reed, Barbara R; Denver; Englewood
Rickard, Paul C; Boulder
Ruggles, Charles W; Colorado Springs
Russell, George R; Boulder
Ryan, Sonia C; Lakewood; Golden

Sayers, C Paul; Fort Collins
Schmidt, John J; Pueblo
Shields, David A; Greeley
Sorkin, Marc J; Denver; Littleton
Steinbaugh, John R; Boulder; Louisville
Stieller, Richard E; Grand Junction
Swinehart, James M; Denver

Thomason, Laura M; Denver
Tice, Frederick G Jr; Pueblo

Ubogy-Rainey, Zeena I; Colorado Springs

West, B Lynn; Fort Collins
Wiley, Hugh S; Denver; Englewood
Wright, Robert C; Denver; Westminster

DERMATOLOGY—EMERGENCY MEDICINE

Ziolkowski, Thomas J; Longmont; Boulder

DERMATOPATHOLOGY

Carver, Robert K; Englewood; Aurora
Chu, Henry D; Denver

Dickey, Gary D; Denver; Littleton

Golitz, Loren E; Denver; Aurora

Lewis, Barton L; Colorado Springs

Mandel, Mickey J; Denver; Englewood

Philpott, Osgoode S Jr; Denver; Englewood
Philpott, Peter J; Englewood

Rashleigh, Perry L; Grand Junction
Ryan, Sonia C; Lakewood; Golden

Stiefler, Richard E; Grand Junction

DIABETES

Alsever, Robert N; Pueblo

Ballonoff, Larry B; Denver; Englewood
Birenboim, Harold L; Wheat Ridge; Denver
Bosworth, Robert G Jr; Denver

Fineman, Bruce G; Denver

Huttner, Walter A; Denver; Englewood

Kroger, J Stephen; Longmont
Kuna, Gupta B; Pueblo

Maruca, Joseph; Grand Junction
McClellan, Charles W; Colorado Springs
McDonald, Keith M; Denver

Podlecki, David A; Longmont

Rudolph, Merritt C; Denver; Englewood

Schemmel, Janet E; Denver
Schneider, William A; Denver; Englewood
Sheridan, E Paul; Denver
Sherman, Susan A; Aurora; Englewood

Zemel, Leonard R; Denver

DIAGNOSTIC RADIOLOGY

Absher, William K; Pueblo
Ain, Jonathan D; Aurora; Englewood
Atkinson, Roy J; Englewood

Ball, Michael E; Pueblo
Bardin, Billy J; Durango
Bauerle, Gary W; Greeley
Borgstede, James P; Colorado Springs
Bourne, Eugene E; Denver; Englewood
Burmeister, Glen E; Englewood; Castle Rock

Cadora, Donald F; Boulder

Carpenter, Craig M; Denver; Golden
Chilton, Sarah J; Denver
Compton, James F; Fort Collins
Cornforth, Donald E; Loveland

Dennis, Mark A; Denver
Diffie, Joe T; Colorado Springs; Woodland Park
Dobrow, Malcolm S; Aurora; Englewood
Dreisbach, James N; Englewood

Eule, John Jr; Denver
Ewing, Wyman F; Pueblo

Falkoff, Gary E; Montrose
Foster, Michael A; Denver; Aurora
Furze, James M; Durango

Gaynor, Laurence F; Englewood
Gerhold, John P; Denver; Englewood
Golditch, Monte E; Colorado Springs; Monument

Halouska, Don L; Denver
Holt, Steve A III; Denver; Lakewood
Hunter, Robert D; Englewood

Johnson, Vaughn A; Durango

Klingensmith, William C; Denver; Englewood

LaMotte, Gary A; Pueblo
Lattes, Robert; Denver; Englewood
Levy, Jeffrey A; Denver
Lince, Deborah M; Colorado Springs
LoSasso, Carl J; Fort Collins
Luethke, James M; Aurora; Denver
Luttenegger, Thomas J; Fort Collins

Macleane, James E; Grand Junction
Manier, Stephen M; Aurora
Manke, William F; Denver; Englewood
Matheson, Michael R; Denver
McDaniel, David B; Grand Junction
McMullen, Craig T; Colorado Springs
McMullen, R Bard; Colorado Springs
Miller, Wayne A; Denver; Evergreen

Nystrom, John S; Glenwood Springs

Oppenheimer, David A; Boulder

Parker, Steve H; Englewood
Patterson, Stuart A; Fort Collins
Perrott, Walter W III; Colorado Springs
Phillips, Edward B; Boulder; Englewood

Rayburn, Charles R Jr; La Junta
Rector, Susan E; Boulder; Longmont
Reynard, Kenneth B; Denver; Englewood
Roberts, Gareth K; Greeley
Roesler, Paul J; Colorado Springs
Rogers, William F; Colorado Springs

Seibert, Charles E; Englewood; Littleton
Smiley, Scott L; Pueblo; Pueblo West
Stavros, A Thomas; Englewood
Steines, William J; Englewood
Stevens, Sydney L; Littleton
Sutherland, Jerome D; Englewood; Denver

Swanson, Wendel B; Englewood; Littleton
Sweeney, James P; Colorado Springs

Ugale, Janice J; Denver; Englewood

Vickers, C William; Colorado Springs

Wagner, Kay E; Sterling
Walters, Mark R; Durango
Wells, Gerald C; Littleton; Englewood
White, Eric A; Denver
Wilder, David W; Denver
Wilson, James P; Denver; Aurora
Wolf, Robert J; Lakewood; Denver
Wulfsberg, Einar J; Pueblo; Pueblo West

Yost, Raymond V; Denver; Aurora

EMERGENCY MEDICINE

Abbott, W Richard; Boulder
Alagna, Paul; Rockville Ctr NY
Allen, Brian J; Greeley
Allen, Thomas J; Loveland
Axelrod, Stephen L; Denver
Ayers, Joseph S; Aspen

Barbero, J Fred; Grand Junction
Barkin, Roger M; Denver
Beck, Dennis M; Aurora; Boulder
Bevan, William A Jr; Vail; Eagle-Vail
Bieser, Richard G; Aurora; Denver
Birn, Jeffrey I; Thornton
Black, William L; Canon City; Colorado Springs
Bookman, Lawrence B; Steamboat Springs
Bronstein, Alvin C; Denver
Brooks, Craig L; Aurora; Golden
Brooks, Laurence W; Vail; Edwards
Brunko, Michael W; Denver
Buckley, Charles A; Evergreen
Burton, Richard M; Colorado Springs

Cameron, Marvin N; Aurora; Denver
Canham, Douglas E; Aurora
Carlson, Peggy L; Westminster; Aurora
Carter, John E; Boulder
Cartier, John W; Durango
Castle, Everett R; Durango; Tucson AZ
Chaffee, Charles B; Wheat Ridge; Denver
Christensen, Robert W Jr; Canon City
Clifton, Guy D; Denver
Cline, Donald W; Salida
Coates, Sally A; Littleton
Cohan, Jeffrey A; Thornton; Aurora
Cohen, Milton I; Colorado Springs
Colton, Albert H; Longmont; Boulder
Conrad, Lily C A; Evergreen
Creer, Stephen M; Englewood; Littleton
Crouch, Dee B; Boulder
Cusick, James M; Denver

Daeke, Donald A; Littleton
Darrow, P Anastasia; Denver; Littleton
Dietel, David H; Grand Junction
Dillon, Jack T; Colorado Springs
DiNapoli, Jim; Colorado Springs
Dracon, Dan; Lakewood
Drake, Thomas R; Denver

Drury, Lawrence R; Denver; Evergreen
Dubelman, Alan D; Thornton; Englewood
Duke, William F; Grand Junction

Edwards, Robert A; Loveland
Ehrlich, Alan J; Boulder
Elliott, Mark W; Denver; Englewood
England, Jack D; Aurora; Sedalia
Estep, Gerald J; Denver; Littleton

Farrin, John C; Golden
Ferrell, Donald P; Trinidad
Fredericks, Charles E; Colorado Springs
Freedman, William W; Colorado Springs; Woodland
Park

Friedman, Joseph B; Thornton; Boulder
Friedman, Kim S; Aurora; Denver
Fuhmann, Eric J; Loveland

Gage, R Wayne; Colorado Springs
Garrett, William F Jr; Westminster; Denver
Garry, Stephen H; Colorado Springs
Garza, Luis R; Thornton; Boulder
Gifford, Marilyn J; Colorado Springs
Glismann, John P; Aspen
Goldstein, Charles; Denver
Gordon, Gerald S; Denver; Littleton
Gordon, Irit W; Aurora; Greenwood Village
Gradick, Debra J; Morrison
Grayson, David E; Brighton
Greenheck, Robert R; Denver; Aurora
Greisman, Stewart L; Englewood; Littleton
Gruber, James E; Denver; Englewood

Hall, Alan H; Denver; Evergreen
Hamilton, Robert S; Colorado Springs; Wetmore
Harms, Thomas L; Greeley
Hartl, Richard W; Colorado Springs
Hartner, Mark J; Littleton; Englewood
Hashimoto, Christine; Denver
Hebert, James O III; Delta; Telluride
Heinz, Stephen M; Denver
Herr, Elizabeth W; Denver
Hill, Douglas M; Thornton; Morrison
Hoffenberg, Stephen R; Denver
Hogan, James L; Westminster; Longmont
Hornbaker, Charles L; Colorado Springs
Howard, William L; Brighton; Boulder
Huber, James A; Denver
Hurst, John G; Greeley

Jernigan, Randal F; Durango
Jobin, Michael J; Loveland; Denver
Johnson, Stephen M; Durango
Johnston, Henry M III; Steamboat Springs
Jones, David W; Boulder; Longmont

King, Otis J Jr; Aurora; Castle Rock
King, Sherilyne J; Pueblo

Larremore, Theodore W; Denver; Wheat Ridge
Lee, Robert K; Denver
Lefkowitz, Donald J; Denver
Lewis, Paul K Jr; Boulder
Loeffler, Richard T; Aurora; Littleton
Loehr, Richard E; Colorado Springs; Woodland Pk
Lund, Cynthia J; Colorado Springs

Markovchick, Vincent J; Denver; Golden
Martin, Travis W; Vail
Marx, John A; Denver
Mayeda, Douglas V; Colorado Springs
McFarlane, Ann D; Aspen
McInerney, John R Jr; Golden
McKenna, Michael P; Longmont; Loveland
Meason, Thomas M Jr; Grand Junction
Moore, Larry A; Colorado Springs
Mosby, James R; Wheat Ridge; Evergreen
Murphy, Carla E; Denver; Golden
Musso, Carlo A; Denver
Myers, Burton S; Englewood

Nerenberg, Michael J; Pueblo

O'Brien, Martin E; Englewood; Littleton
O'Connor, Sharon E; Littleton
Opatowski, Michael B; Denver

Padua, Steve A; Ridgway
Papenfus, Kurt F; Aspen; Snowmass
Paul, David H; Vail
Phelps, Dwight S; Denver
Piel, Michael T; Englewood
Platz, Victor; Colorado Springs
Pons, Peter T; Denver
Pratt, Jennifer A; Denver; Aurora
Price, Paul O; Thornton; Denver
Purdie, Frank R; Greeley

Raley, Francis M; Grand Junction
Repert, William B; Fort Collins
Richardson, Scott K; Westminster; Boulder
Robinson, Mel D; Colorado Springs
Rockswold, Gordon A; Frisco
Roe, Edward J III; Bakersfield CA
Rothgeb, Eric J; Aurora; Parker
Ruggera, Gary C; Durango

Sato, Randall E; Loveland
Schuett, Michael C; Denver; Highlands Ranch
Schwartz, Jeffrey C; Greeley
Scott, Sarah K; Denver
Snodderley, Paul L; Fort Collins
Spivey, Danton B; Englewood; Denver
Sprague, Dawin C; Johnstown
Steedle, David W; Englewood; Denver
Sullivan, Philip J; Englewood; Denver
Sutton, James P; Aurora; Denver
Sweeney, Michele K; Pueblo
Sydow, Sylvia; Denver

Talley, Richard W; Littleton
Thompson, James D; Wheat Ridge; Silverthorne
Thompson, Michael K; Colorado Springs
Tietz, Gregory C; Colorado Springs
Tuft, Charles M; Denver; Golden
Turnbow, Joe F; Boulder
Turner, Daniel T; Fort Collins; Greeley
Twellman, Dorothy J; Canon City

Updegraff, Jeffrey G; Fort Collins

Vanetti, Carol S; Greeley
Vellman, W Peter; Wheat Ridge; Littleton
Vito, Richard A; Boulder
Vogt, Terry Ray; Evergreen

VonGortler, Michael; Boulder

Waggener, William J; Loveland; Denver
Wall, Paul M; Colorado Springs
Wall, Richard A; Colorado Springs
Watts, Clifford K; Boulder
Watz, Hallet N; Colorado Springs
Webb, Charles W; Colorado Springs
Weil, Lawrence J; Fort Collins
Weintraub, Richard M; Grand Junction; Aspen
Wexler, Ralph M; Denver
Wiederman, Francis J; Longmont; Denver
Williams, Fred O; Evergreen
Winkler, James V; Denver
Woodland, John B; Winter Park; Boulder

Yanagi, Ann K; Denver; Fort Collins
Youngberg, Joseph T; Englewood

Zoller, Gregory W; Denver; Englewood

ENDOCRINOLOGY & METABOLISM

Alsever, Robert N; Pueblo

Ballonoff, Larry B; Denver; Englewood
Barter, Mark; Denver
Birenboim, Harold L; Wheat Ridge; Denver

Dernovsek, Kenneth D; Pueblo

Gold, Larry A; Colorado Springs

Higgins, Thomas; Boulder

Kuna, Gupta B; Pueblo

Maruca, Joseph; Grand Junction
McDonald, Keith M; Denver
Munson, William A; Colorado Springs

Nibbe, Albert F; Wheat Ridge; Lakewood

Osa, Steven R; Denver; Littleton

Podlecki, David A; Longmont
Poticha, Gerald S; Littleton; Englewood

Ritche, Elizabeth E; Denver; Englewood
Roberts, Donald M; Denver
Rudolph, Merritt C; Denver; Englewood

Schemmel, Janet E; Denver
Sherman, Susan A; Aurora; Englewood
Stjernholm, Melvin R; Boulder

Watt, John E; Greeley

Zemel, Leonard R; Denver

EPIDEMIOLOGY

Eickhoff, Theodore C; Denver; Littleton

Hern, Warren M; Boulder

Wright, Richard A; Dehver

FACIAL PLASTIC SURGERY—FAMILY PRACTICE

FACIAL PLASTIC SURGERY

Bedard, Charles H; Pueblo
Berlin, Barry P; Littleton
Broadway, David R; Englewood
Burrow, Claude H; Boulder

Charles, David M; Denver
Cramer, Lester M; Colorado Springs

Dragul, Paul H; Denver; Englewood

Hartshorn, Denzel F; Grand Junction

Jones, Roy W; Denver

Kinzler, Dale L; Arvada
Krekorian, Edmund A; Denver; Aurora
Kreutzer, Erik W; Lakewood; Denver

Lipkin, Alan F; Denver; Englewood

Merkel, William D; Grand Junction

Padmos, Richard E; Boulder

Rodriguez, Jose L; Glenwood Springs

Shippert, Ronald D; Englewood; Littleton
Smith, Brent J; Denver; Englewood
Smith, Bruce M; Fort Collins

Tegtmeier, Ronald E; Golden
Thornton, William R; Fort Collins

Walker, Ian G; Colorado Springs

Zbyski, Joseph R; Denver; Englewood

FAMILY PRACTICE

Adams, Lief E; Thornton; Northglenn
Adolf, Arlis M; Denver
Aikin, Kent R; Mancos
Alessi, John R; Pueblo
Alkes, Ivan S; Grand Junction
Allbright, James R; Conifer
Allen, Thomas J; Loveland
Anderson, N Paul E; Estes Park
Anderson, William E Jr; Loveland
Anthony, Ward R; Wheat Ridge
Armour, Ross W; Vail; Avon
Armstrong, John P; Gunnison
Arnett, David M; Salida
Arnold, Andrew L; Winter Park; Tabernash
Arnold, Jennifer; Englewood
Artist, Ricky L; Rifle
Aschenbrener, Pamela; Pueblo
Ashbach, Nancy W; Denver; Loveland
Asunsolo, Leopoldo G; Denver
Atkinson, Kenneth; Littleton; Englewood
Axelrod, Stephen L; Denver

Bachman, James J; Frisco
Bagga, Guri "Singh"; Denver
Bagley, David L; Eaton; Greeley

Bailey, Austin G Jr; Fort Collins
Baldwin, Thomas E Jr; Greeley
Ballard, Phillip W; Colorado Springs
Banker, Michael W; Canon City
Banyash, Larry W; Basalt
Barbero, J Fred; Grand Junction
Barnhart, Eric D; Northglenn; Denver
Basow, William M; Fort Collins
Bassow, Elizabeth M; Wheat Ridge; Denver
Bates, David E; Eaton
Baumgardner, Jan F; Boulder
Beach, Dee J; Denver; Broomfield
Beasley, D J; Boulder
Bender, Edward L; Fort Collins
Benedict, Daniel B; Denver
Bennett, Dana R; Pueblo
Bennett, Robert J Jr; Delta
Bennion, Ben W; Denver
Benton, Donald F; Lamar
Berg, Dal H A; Thornton; Westminster
Berg, Mary J; Ordway
Berger, Sally C; Wheat Ridge; Lakewood
Bermingham, Roger P; Fort Collins
Berns, Barry R; Fort Collins
Berry, Jack L; Wray
Bevan, William A Jr; Vail; Eagle-Vail
Bieser, Richard G; Aurora; Denver
Bishop, Richard P; Broomfield
Blanchard, Thomas J; Commerce City; Northglenn
Blattspieler, S F; Colorado Springs
Bliss, Robert J Sr; Fort Collins
Blink, Steven W; Greeley
Bock, George W; Craig
Bogner, Phillip J; Del Norte
Bohlender, Timothy D; Denver; Westminster
Bolles, Frank P; Louisville; Boulder
Bonnet, Carol G; Grand Junction
Borkert, Daniel T; Lakewood; Denver
Boyd, John A K; Durango
Boyle, Kevin J; Littleton; Highlands Ranch
Bracke, Kurt M; Denver
Bradley, Robert C; Windsor
Brassfield, T Scott; Colorado Springs
Britton, Kent R; Cortez
Brockway, Roger W; Longmont
Brodie, Harry; Littleton
Brokering, Harry R; Glenwood Springs
Bronstein, Alvin C; Denver
Brooks, Laurence W; Vail; Edwards
Brown, Woodrow E; Hotchkiss
Brundige, Richard L; Lakewood
Buchwald, Fred; Evergreen
Buglewicz, John V; Florence
Bull, Heman R; Grand Junction
Burnham, Linda A; Fort Collins
Burton, William V; Boulder

Cain, Leonard W; Cortez; Dolores
Callen, Wayne L; Leadville
Cameron, Marvin N; Aurora; Denver
Cameron, Mercedes E; Grand Junction
Campbell, Velma L; Denver
Cantor, Avrim; Colorado Springs
Carey, Michael V; Windsor
Carlson, Hillis G; Fort Collins
Carpenter, Julie; Boulder
Carrillo, Alfred B; Louisville
Carroll, Cory D; Fort Collins

Carson, Frank R Jr; Fort Collins
Carstensen, Earl J; Aurora
Cavanaugh, Patrick R; Longmont
Cease, James I; Northglenn; Denver
Cedars, Chester M; Denver; Englewood
Cerrone, Donald A; Wheat Ridge
Chan, Anthony W; Westminster
Chesley, Charles C; Greeley
Chisholm, R Neil; Denver
Chisholm, Thomas N; Denver; Aurora
Christie, George C; Canon City
Church-Kettelkamp, Nancy S; Pueblo
Claassen, Duane A; Lakewood; Denver
Clark, Curtis C; Sterling
Clark, D J; Sun City CA
Clark, Darrel Christian; Grand Junction
Clark, Douglas P; Colorado Springs; Monument
Clemens, Orrie G; Loveland; Fort Collins
Codd, Richard L; Fort Collins
Collins, Thomas J; La Porte; Fort Collins
Cook, Keith G; Brighton
Cooper, Bruce D; Evergreen
Cooper, Jack; Colorado Springs
Corona, Joseph A; Greeley
Corren, Howard L; Aurora
Coryell, Laurie A; Lafayette; Greeley
Cosh, Glenn M; Lakewood
Coulter, Robert L Jr; Wheat Ridge
Craigie, David A; Denver; Aurora
Cram, Jon J; Littleton
Cranor, John D; Fort Collins
Crawford, Lewis A; Colorado Springs
Cross, Pamela; Greeley
Cullen, John P; Greeley
Cummings, Daniel C; La Junta

Daarud, R Scott; Boulder; Louisville
Daarud, Richard C; Boulder
Daehn, Mary J; Westminster
Dahl, John H; Lakewood; Denver
Dallow, Kurt T; Windsor
Danforth, James C; Loveland
Darling, Bradford L; Englewood; Littleton
Davidson, A Marie; Durango
Davis, Nell L; Englewood
Davis, Telford A; Durango
Dawson, Dwight C; Colorado Springs
Dean, Val C; Englewood
Denegri, Alberto; Fort Lupton; Denver
Deterding, Karl T; Durango
DeYoung, Douglas B; Fort Collins
DiAsio, Richard A; Colorado Springs
Dirks, David W; Grand Junction
Dlugos, Thomas P; Colorado Springs
Doig, David J; Lakewood
Doig, William L; Lakewood
Doneskey, Paul W; Cortez
Doran, John H; Fruita
Douglas, Jan J; Denver
Doyle, Herman E; Denver
Dubelman, Alan D; Thornton; Englewood
Dudley, James R; Steamboat Springs
Dunaway, Marvin R; Boulder
Dunkin, Don E; Thornton; Brighton
Dunn, James R; Grand Junction
Dysart, Richard A; Delta

Ecoff, Arthur; Denver

Eddy, Richard L; Boulder
 Edmundson, Arlo R; Morrison
 Edwards, James E; Colorado Springs
 Edwards, Robert A; Loveland
 Ehlers, Gordon H; Denver; Englewood
 Elliott, Christopher J; Fort Collins
 Ellis, Richard E; Denver; Englewood
 Ely, Janet L; Colorado Springs; Elbert
 Ervin, Don L; Evergreen
 Essig, Julia A; Broomfield
 Evans, Richard O; Colorado Springs
 Ewing, Peter C; Boulder

Fairbairn, Scott J; Highlands Ranch; Westminster
 Farrin, John C; Golden
 Feeney, Jonathan C; Vail; Eagle-Vail
 Feinsinger, Greg; Glenwood Springs
 Feldman, Laura L; Colorado Springs
 Fellhauer, Daniel R; Colorado Springs
 Ferguson, Joe R III; Greeley
 Field, Clifford; Leadville
 Fischer, John A; Thornton
 Fisher, H Calvin; Colorado Springs
 Fishman, Paul J; Denver
 Flaxer, Carl; Denver
 Fletcher, Christopher S; Littleton
 Fletcher, Sarah S; Lakewood; Denver
 Flora, Mark S; Frisco; Broomfield
 Flower, Thomas J; Greeley
 Fonken, Paul W; Greeley
 Ford, John J III; Westminster
 Fox, John E; Limon
 Frangos, Pete G; Denver
 Freedman, Philip E; Vail
 Freudenburg, James C; Longmont
 Frey, Charles T; Cedaredge
 Frickman, Carl E; Loveland
 Frye, Jearl F; Cortez; Delores

Gaede, Gary L; Aurora
 Gage, R Wayne; Colorado Springs
 Gamache, Peter J; Florence
 Garcia, Elizabeth M; Antonito; Alamosa
 Garland, Gerard L; Denver
 Geller, I Benjamin; Denver
 Gellrick, Caroline M; Lakewood
 Gentry, Robert P; Greeley
 Geppert, Margo J; Fort Collins
 Gibbons, Debbie R; Colorado Springs
 Gilman, Harold E; Rancho Mirage CA
 Gipson, Bernard F Jr; Denver
 Gjellum, George R; Golden
 Glasser, Richard H; Denver
 Glassman, Richard I; Aurora; Englewood
 Goldstein, Charles; Denver
 Golub, Roger Joel; Greeley
 Gonzales, Eugene A; Monte Vista; Alamosa
 Goodman, Edward H; Brush; Fort Morgan
 Gordon, John D; Broomfield; Denver
 Gordon, Randolph L; Greeley
 Gorelik, Julia; Broomfield; Westminster
 Grabow, Henry C; Canon City
 Gradison, Maggie; Conifer; Evergreen
 Granston, Laurence A; Fort Collins
 Graves, Cheryl K; Fort Collins
 Grayson, David E; Brighton
 Grazi, Sol Jay; Aurora
 Green, Deborah; Fort Lupton

Green, Scott M; Littleton; Morrison
 Greenholz, Daniel J; Aurora; Denver
 Greensher, Arnold; Colorado Springs
 Gregory, James J; Northglenn
 Griebel, Gerald W; Cortez
 Griffith, John B; Englewood
 Grosboll, Robert N; Loveland
 Grossman, Daniel R; Pueblo
 Grover, Isabelle E; Lakewood

Hackney, Terry L; Louisville; Boulder
 Hailey, Mark A; Loveland
 Halfmann, Lee R; Aurora; Denver
 Hammond, R Scott; Westminster; Evergreen
 Hannemann, Martin D; Aurora; Golden
 Hardy, Billee W; Aurora; Highlands Ranch
 Harper, Barry K; Fort Collins
 Harrison, Judith A; Durango
 Haskins, R Scott; Rifle
 Hattem, Albert R; Fort Lupton; Denver
 Haug, Norman L; Del Norte
 Houghton, Kevin M; Denver
 Haygood, Jerry W; Fort Lupton
 Hayman, Mark P; Strasburg
 Haynes, Robert G; Lakewood
 Heaton, Warren A; Castle Rock
 Heble, Teresa A; Littleton
 Heckman, Amilda R; Englewood
 Heiberger, James T; Colorado Springs
 Hemming, John G Jr; Lakewood
 Henbest, Philip M; Denver
 Henderson, Kenneth R; Denver; Broomfield
 Herrington, Richard A; Carbondale
 Hesse, Eugene J; Lasalle; Greeley
 Heuscher, Enno F; Grand Junction
 Heyl, Robert A; Cortez; Mancos
 Hibbard, H David; Louisville; Boulder
 Hickman, Gerald M; Boulder
 Hicks, James C; Greeley
 Higgins, Kerry T; Denver; Lakewood
 Hill, James R; Broomfield; Boulder
 Hipkin, David; Greeley
 Hites, James D; Fort Collins
 Hoffman, Richard E; Denver; Golden
 Hogg, Robert T; Broomfield; Westminster
 Hoisington, William D; Paoia
 Hoke, Timothy E; Colorado Springs
 Hollister, Elbert E; Lakewood; Evergreen
 Holmes, Joshua J; Grand Junction
 Hornbaker, Charles L; Colorado Springs
 Hostettler, David P; Glenwood Springs
 Houghton, William A; Greeley
 Houlton, William G; Aurora
 Hudson, John L; Boulder
 Huffmire, Andre J; Craig
 Huggins, Gerald A; Denver
 Hughes, Andrew G; Loveland
 Humphrey, Robert N; Fort Collins
 Hurley, Grant W; Pueblo

Illige-Saucier, Martha; Denver

Jabour, Christy; Arvada
 Jackson, Ham; Fort Morgan
 Jacobs, Madeleine; Penrose
 Jalota, Renu; Aurora
 Jamison, Jacqueline H; Denver
 Janowski, Robert R; Denver

Jared, Roy A II; Denver
 Jarrett, Michael B; Pueblo
 Jeffers, Thomas M; Arvada; Golden
 Jendry, Ronald J; Evergreen; Conifer
 Jernigan, Randal F; Durango
 Jimenez, Joseph P; Trinidad
 Jinich, Daniel B; Fort Collins
 Johnson, Bennie S; Colorado Springs
 Johnson, Steven M; Pueblo
 Joseph, Norman; Aurora
 Jung, Bruce R; Greeley
 Justin, Ingrid M; Fort Collins
 Justin, Renate G; Fort Collins

Kadlub, Edwin D; Windsor
 Kail, Thomas J; Wheat Ridge; Denver
 Kandel, Elisabeth E; Broomfield
 Kanger, William J Jr; Lakewood
 Katchian, Azad; Lakewood
 Kearns, Roy E; Grand Junction
 Keele, Harry R; Salida
 Kelly, Barbara Fawcett; Lakewood; Denver
 Kief, Jan M; Arvada
 Kiernan, R Martin; Denver; Monument
 Kingston, Richard A; Grand Junction
 Kinzer, Edward J; Johnstown
 Kivsky, Richard D; Aurora
 Kipe, Larry W; Craig
 Kipfer, Roger K; Louisville; Boulder
 Kirchner, Robert L; Louisville; Boulder
 Kirk, Jude J; Pueblo
 Kirkpatrick, Glen R; Buena Vista
 Knaus, Gary D; Carbondale
 Knopper, Morton P; Longmont; Boulder
 Kovach, Drew A; Arvada
 Kraft, Elizabeth S; Littleton; Denver
 Kramer, Ryan; Lakewood
 Krause, David C; Pueblo
 Krebs, Jeffrey J; Castle Rock
 Krichevsky, Paul; Lakewood; Golden
 Krueger, Albert R; Meeker
 Kruglet, Donald G; Fort Morgan
 Kucera, John L; Colorado Springs
 Kulp, Robert L; Brush

Lackey, Charles W; Frisco
 Laitos, Mark M; Longmont
 Landis, Henry; Litchfield Pk AZ
 Langley, James W; Golden
 Langstaff, Samuel H; Littleton
 Laubach, Sherri J; Lakewood
 Lawton, Susan; Fort Collins
 LeBlanc, Randy D; Meeker
 Lee, Michael J; Lamar
 Leistikow, David C; Broomfield
 Lembitz, Alan M; Greeley; Loveland
 Lembitz, Deanne D; Loveland
 Levenson, Ian R; Aurora; Englewood
 Levinson, Mark B; Aurora; Denver
 Lewis, Jeanne D; Boulder
 Ley, James W; Haxtun
 Licon, Virgilio; Avondale; Blende
 Light, Ruth L; Pueblo; Colorado Springs
 Likes, Edwin C; Lamar
 Lindell, Kevin V; Fort Morgan
 Linn, David D; Conifer
 Lippman, Bruce D; Glenwood Springs
 Lischwe, Thomas J; Broomfield; Boulder

FAMILY PRACTICE

Loar, Michael; Littleton
 Loken, Arnold B; Littleton
 Lopez-Samayoa, Omar E; Julesburg
 Lovell, Kenneth R; Colorado Springs
 Lucas, John L; Denver; Littleton
 Lucas, Madison J; Lakewood; Morrison
 Lucy, Daniel R; Wheat Ridge
 Lumian, Daniel R; Denver; Littleton
 Lundgren, John C; Julesburg

Mackell, Paul E; Boulder
 Mackey, Jack L; Sterling
 Madsen, Mark C; Grand Junction
 Maestas, Gilbert B; Denver
 Maggiore, John R; Glenwood Springs
 Major, James C; Greeley
 Makowski, Anthony J III; Highlands Ranch
 Malburg, Bernard J; Westminster; Denver
 Manuele, Mark A; Denver
 Markel, William R; Broomfield
 Martin, Theodore E; Rocky Ford
 Martinez, Benjamin; Pueblo
 Masoud, Abdul S; Cheyenne Wells
 Maul, Herman S; Lakewood; Denver
 McCaffrey, Paul P; Pueblo
 McCall, Janis R; Greeley
 McConnell, Peter J; Delta; Windsor
 McCreery, Richard A; Colorado Springs
 McDonnel, Gerald E; Fowler
 McFarland, Douglas M; Trinidad
 McFarlane, Ann D; Aspen
 McGarry, Joseph T; Florence
 McIlroy, Richard H Sr; Pueblo
 McLain, Phil C III; Estes Park
 McLaughlin, John D; Aurora
 McMillan, Michael J; Highlands Ranch
 McMurren, Jay W; Gunnison
 Mead, Daina C; Louisville
 Medlin, Barbara B; Fort Collins
 Mehos, William G; Salida
 Mehra, Promilla; Wheat Ridge; Lakewood
 Mehta, Uday K; Pueblo
 Meinert, William J; Denver
 Mellinger, William J; Fort Morgan
 Mendez, William H; Denver
 Mercer, Jeannette Y; Windsor
 Merkel, Lawrence A; Fort Collins
 Michalek, Michael; Denver
 Milano, William J; Loveland
 Miles, Wilfred W; Aurora
 Miller, David C; Lakewood; Wheat Ridge
 Miller, John L; Canon City
 Miller, Katherine M; Canon City
 Mohler, Philip J; Grand Junction
 Mohr, Gary Alan; Canon City
 Monheit, Peter I; Denver; Englewood
 Moore, Cyril S C; Denver
 Moore, Timothy J; Pueblo
 Morgan, Alma R; Fort Collins
 Morley, Alexander K III; Frisco
 Morrison, John D; Denver; Littleton
 Morse, Jeffrey M; Durango
 Mossberg, C Eugene; Longmont
 Mulligan, Michael Patrick; Broomfield
 Munro, George F; Brighton
 Murphy, Joseph M; Durango
 Murphy, Lawrence E; Fort Collins

Nason, Herbert M; Alamosa
 Netz, Howard E; Lakewood
 Nevarez, Max A Jr; Cedaredge
 Nevriy, Thomas; Fort Collins
 Nichol, Thomas W; Estes Park
 Nonas, Nicholas G; Englewood; Denver
 Nordin, John R; Lakewood; Littleton
 Norton, Philip H; Aurora; Denver
 Nusca, Margaret T; Monument
 Nystrom, Jillane K; Aurora
 Nystrom, Robert R; Aurora

O'Dell, Robert A; Aurora; Denver
 O'Donnell, Sean C; Colorado Springs
 O'Neill, Eugene T; Englewood
 Olds, Kenneth M; Greeley
 Olivier, Brian D; Colorado Springs
 Olson, Mark R; Limon
 Orr, William F Jr; Denver
 Overturf, Bruce R; Fort Morgan

Paap, Jack I; Colorado Springs
 Palu, Margaret E; Fort Morgan
 Parker, Joseph J Jr; Grand Junction
 Patt, Richard A; Aurora
 Patterson, Charles R; Ault
 Patterson, Robert B; Loveland
 Patridge, Mark F; Golden
 Paulsen, Mark M; Fort Collins
 Peak, James W; Montrose
 Pearse, Jack H; Yuma
 Pearse, John R; Thornton
 Pebler, Richard F; Limon
 Pederson, Janet L; Aurora
 Penn, Eugene C; Aurora
 Peoples, Grant; Aurora
 Perna, John L; Leadville
 Perry, Carmel P; Colorado Springs
 Persoff, Nathan S; Englewood; Denver
 Petrie, Kent Alan; Vail
 Phillips, Alfred M; Pagosa Springs
 Piel, Michael T; Englewood
 Ping, Donald W; Denver
 Pinto, Randolph A; Louisville
 Pirnat, Martin P; Durango
 Pollard, Joseph S Jr; Colorado Springs
 Pollard, Marven J; Denver; Aurora
 Post, Gary L; Englewood; Aurora
 Potter, Donald E; Canon City
 Potzler, Mark S; Lamar
 Pratt, T Diane; Greeley
 Price, Paul O; Thornton; Denver
 Price, Vernon H; Steamboat Springs
 Province, Darryl L; Pueblo
 Puls, Theodore J; Pueblo

Quackenbush, Kirk T; Lakewood
 Quick, George E; Littleton
 Quintana, Phillip D; Aurora
 Quiring, Roger; Fort Collins

Rabold, James G; Lafayette; Boulder
 Raley, Francis M; Grand Junction
 Ramos, Michael A; Pueblo
 Rangel, Keith A; Greeley
 Rappe, Donald L; Durango
 Rathbun, Katharine C; Aurora
 Ratigan, Richard D; Denver

Rauzi, Frank R; Littleton
 Ravin, Sheldon J; Colorado Springs
 Raye, Charles H; Pueblo
 Reents, William J; Loveland
 Regier, Donald D; Julesburg
 Reichert, Thomas K; Pueblo
 Reicks, Gregory C; Grand Junction
 Reishus, Allan D; Craig
 Reynolds, Judith U; Colorado Springs
 Rice, Glenn R; Boulder
 Ridgway, Don N; Paonia
 Ringel, Marc; Greeley
 Ritchie, Darvin R; Canon City
 Ritchie, Gary L; Canon City
 Ritzman, Vernon D; Wheat Ridge
 Roach, Susan I; Longmont
 Roark, Richard D; Fort Collins
 Roberts, Clarence J; Thornton; Broomfield
 Roney, Patrick J; Englewood; Denver
 Rose, Brian H; Littleton
 Rowan, Aloysius I Jr; Aurora
 Rubright, Erik M; Fort Collins
 Rubright, Mark W; Longmont
 Ruiter, Richard; Pueblo
 Rule, Ingrid K; Loveland
 Rumph, Jeffrey; Denver
 Ruybal, Jacob A Jr; Grand Junction

Sackmann, Charles M; Pueblo
 Salmen, Paul A; Glenwood Springs
 Salter, William J; Boulder
 Sampson, Lloyd S; Las Animas
 Sandell, Thomas G; Salida
 Sands, Arthur C; Fort Collins
 Santaguida, Rik; Idaho Springs; Evergreen
 Schafer, Donald R; Loveland
 Scheig, William B; Colorado Springs
 Schmalhorst, Brian K; Haxtun
 Schmucker, Marion L; La Junta
 Schneider, Donald J; Denver
 Schneider, Thomas F; Greeley
 Schneidewind, Barry S; Denver
 Schottstaedt, Louise E; Pueblo
 Schulman, Eugene; Commerce City; Denver
 Schwartz, Kenneth A; Rifle
 Sealy, David P; Colorado Springs
 Seeton, James F; Fort Collins
 Segall, Neil C; Thornton; Denver
 Serafini, David A; Fort Collins
 Shane, James A Jr; Lakewood
 Shapiro, Miriam R; Greeley
 Shenk, Douglas C; Grand Junction
 Shenkel, Roger C; Grand Junction
 Shepherd, Carolyn M; Lafayette; Boulder
 Sheppard-Madden, Dena S; Thornton
 Shoemaker, Larry D; Colorado Springs; Monument
 Shwayder, Aaron J; Denver
 Shwayder, Reynold I; Greeley
 Simon, Frederick S; Montrose
 Simon, John Jr; Englewood
 Simon, Robert B; Arvada
 Simons, David R; Boulder
 Sindler, Marc A; Canon City
 Skrei, Richard P; Pueblo
 Slice, Roy T; Alamosa
 Smernoff, Dean G; Denver
 Smilkstein, Daniel H; Steamboat Springs
 Smith, Bentley E; Arvada; Denver

Smith, Christopher J; Pueblo
 Smith, David D; Pueblo
 Smith, Jerome I; Fort Collins
 Smith, Verne A; Grand Junction
 Smythe, Stephanie; Broomfield; Louisville
 Snowden, Teresa; Aurora
 Solano, Mark D; Denver
 Soler, Joseph J Jr; Aurora
 Spence, Kimball J; Nevada; Aspen
 Sperry, Corydon S Jr; Fort Collins
 Spivey, Danton B; Englewood; Denver
 Sprague, Dawin C; Johnstown
 Stahl, Michael; Carbondale
 Stahlman, Richard L; Greeley
 Stanwix, Leslie A; Aurora
 Starkey, Gerald H Jr; Aurora; Englewood
 Steinberg, Kristina A; Alamosa
 Steiner, Jane C; Denver
 Steinsiek, Amber D; Rocky Ford
 Stelle, Robert E; Colorado City
 Stephens, Floyd V Jr; Fort Collins
 Stevens, Wayne E; Lakewood
 Stoddard, Andrew P; Fort Collins
 Stone, Ken A; Denver
 Story, Helen M; Littleton; Evergreen
 Straub, John C Jr; Littleton
 Strickland, Darwin J; Denver
 Sullivan, Neil F; Denver
 Sullivan, Wallace B; Pueblo
 Sunde, Paul M; Littleton
 Sundland, Barry R; Aurora; Denver
 Sunthanker, Lena (Shivalina); Fort Collins
 Swarsen, Ronald J; Denver

Talmage, Mark D; Westminster; Denver
 Tanenbaum, Marc H; Longmont
 Tannenbaum, Philip D; Denver
 Tarr, John S Jr; Gunnison
 Tedeschi, John P; Colorado Springs
 Terbush, James W; Castle Rock
 Thieman, William J; Fort Collins
 Thieszen, Milford E; Fort Collins
 Thomas, H Dale; La Jara
 Thomas, Joseph D; Alamosa
 Thomasson, George O; Englewood; Highlands Ranch
 Thompson, J Thomas; Ault
 Thompson, Patrick L; Fort Morgan
 Thompson, V James; Boulder
 Thomson, George; Aurora; Denver
 Thorson, Steven J; Fort Collins
 Thumim, Martin B; Lakewood; Littleton
 Ting, J Karyl; Broomfield
 Tippin, Steven B; Fort Collins
 Told, Thomas N; Craig
 Tracy, Herbert A; Canon City
 Turnbow, Joe F; Boulder
 Twellman, Dorothy J; Canon City

Utt, J Dale; Grand Junction

Valley, George E; Fort Collins
 Vanbuskirk, John A; Englewood; Littleton
 Vanderschouw, H M; Leadville
 Vanderschouw, Martin G; Fort Collins
 VanGemert, Robert J; Montrose
 VanVooren, James S; Greeley
 Vaughan, Robert T Jr; Buena Vista

Verkler, Christopher J; Englewood
 Vialpando, Stephen G; Pueblo
 Vickers, Lonnie L; Del Norte
 Victoroff, Michael S; Aurora; Broomfield
 Vigil, Jacob P; Aurora; Denver
 Villalon, Joseph H; Walsenburg
 Vincent, Jack F; Canon City
 VonGortler, Michael; Boulder
 Voorhees, Kenton I; Littleton

Waggoner, Jeffrey R; Aurora
 Wahl, David L; Venice FL
 Walker, Dennis E; Aurora; Denver
 Weaver, S Christopher; Grand Junction
 Webb, Terrell R; Aurora
 Weber, Philip F; Boulder
 Weber, Susan J A; Loveland
 Weiker, Justin; Denver
 Weiss, Robert L; Arvada
 Weissmann, Max L; Denver
 Wells, Donald B; Fort Collins
 West, David M; Grand Junction
 Weston, Jonathon P; Colorado Springs
 Wexler, Ralph M; Denver
 Wherry, Harry L; Longmont
 Wherry, Patrick L; Longmont
 White, Carleton B; Littleton
 Whittington, Brien J; Colorado Springs
 Wienpahl, Mark; Pagosa Springs
 Wignall, William B; Greeley
 Wigton, Chester M; Durango
 Williams, David M; Steamboat Springs
 Williams, Fred O; Evergreen
 Williams, Linda L; Denver
 Williams, Robert N; Lakewood; Denver
 Williams, Warren L; Highlands Ranch; Littleton
 Willig, Michael; Aurora
 Wilson, D Craig; Greeley
 Wolf, Howard C; Lafayette; Longmont
 Wolkov, Jay M; Gunnison
 Wood, Lorraine E; Boulder
 Wood, Robert H; Arvada; Lakewood
 Wright, W Lloyd; Arvada
 Wyatt, Kon Jr; Canon City
 Wyrick, Claudia B; Denver

Yarberry, Steven A; Vail; Edwards
 Yelverton, Charles C; Estes Park
 Yemm, Stephen J; Fort Collins
 Yoder, Paul T; La Junta
 Yost, Byron A; Longmont
 Young, Mark D; Greeley
 Younger, David G; Burlington

Zacher, Eustice; Pueblo
 Zimmerman, Clark B III; Parker

FORENSIC PATHOLOGY

Allen, Patrick C; Loveland

Bowerman, David L; Colorado Springs

Canfield, Thomas M; Montrose
 Clark, Donald M; Denver

Ogura, George I; Denver

Stienmier, Richard H; Colorado Springs

Toll, Henry W Jr; Denver

Wood, John M; Englewood; Littleton

GASTROENTEROLOGY

Anouna, Sam; Denver
 Anselm, Klaus; Pueblo; Beulah
 Appelbaum, Jerry J; Denver
 Ayres, Steven J; Westminster; Denver

Baker, Pete H; Englewood
 Barkett, V Michael; Salida
 Berry, William R; Longmont
 Bramschreiber, Jerome L; Colorado Springs
 Butterfield, D G; Denver

Chase, Jerry A; Loveland
 Collins, Dale W; Denver; Lakewood
 Cook, Julius E; Colorado Springs
 Coonan, John E; Wheat Ridge; Golden
 Copeland, Lynn R; Durango

Dahl, Carl R; Wheat Ridge; Golden

Erling, William F; Boulder

Fieman, Richard A; Aurora; Englewood
 Freedman, Marshall A; Denver

Gerstenberger, Patrick D; Durango
 Goff, John S; Denver

Halprin, Arthur H; Pueblo; Beulah
 Hanna, Philip D; Englewood
 Hansen, Richard N; Englewood
 Harrison, Craig A; Boulder
 Hruza, Dan S; Englewood
 Huston, Jeffrey D; Denver; Littleton

Iwata, Samuel H; Colorado Springs

Johnson, Bennie S; Colorado Springs
 Jones, Everette G; Denver; Golden

Kading, Steven O; Greeley
 Katz, Seymour; Englewood
 Kauvar, Abraham J; Denver

Levine, Joel S; Denver

Mann, James G; Denver
 McElwee, Hugh P; Fort Collins
 Mehta, Sunder J; Denver; Englewood
 Montbriand, Joel R; Boulder
 Murchison, William G; Pueblo

Osborne, Richard B; Greeley

Palmer, Walter Lincoln; Chicago IL
 Percefull, Sabin C; Englewood
 Phillips, Robert G; Denver
 Powers, Bernard J; Englewood; Littleton

Reed, Thomas A; Denver
 Rein, Richard A; Aurora

GASTROENTEROLOGY—GENERAL PRACTICE

Reveille, Robert M; Denver
Richman, Lee K; Wheat Ridge; Lakewood
Roberts, William G; Westminster; Boulder
Roller, Richard J; Denver; Golden
Rothman, David; Denver

Sabel, John S; Englewood
Sides, Leroy J; Denver
Simmons, Robert A; Fort Collins
Smith, James G Jr; Colorado Springs
Smith, Robert H; Colorado Springs
Sutherland, Jesse O Jr; Denver

Tomasso, Gerard I; Glenwood Springs
Towner, Thomas G; Grand Junction

Visconti, Laurent T; Durango

Wenham, Richard P; Colorado Springs
Wooddell, W Jeff; Colorado Springs

Young, L David; Colorado Springs

GENERAL PRACTICE

Acuna-Narvaez, Perlita; La Junta
Ailely, James W; Greeley
Altmix, Richard H; Littleton
Anderson, N Paul E; Estes Park
Anderson, Sidney; Alamosa
Arndt, Donald A; Berthoud
Asher, Wilmer L; Littleton
Ashmun, Raymond V; Denver

Baker, John C; Thornton; Denver
Bane, James J; Longmont
Barrick, Steven J; Colorado Springs
Bartee, Roy A; Denver
Becky, Joseph R; Denver
Beethe, Raymond C; Burlington
Berzins, Ina; Denver
Bess, Howard H Jr; Denver; Englewood
Bissell, John; Denver
Blackard, Carol J; Aurora
Blanchard, Thomas J; Commerce City; Northglenn
Bostrom, Paul D; Dolores; Cortez
Brethouwer, N Robert; Montrose
Buchanan, Robert D; Wray
Butler, Gordon B; Kerrville TX

Callaway, Sam E; Durango
Campbell, Barton H; Arvada
Carroll, Charles A; Fort Collins
Celada, Marco A; Antonito; La Jara
Chesnut, Myrlen E; Holyoke
Christiansen, Elinor T; Englewood
Coffman, Delmar L; Wheat Ridge
Cupps, Jerry L; Commerce City

Dahl, Alvin E; Littleton
Darling, Bradford L; Englewood; Littleton
Davis, John A; Denver
Davis, Richard L; La Junta
Doig, William L; Lakewood
Doneskey, Paul W; Cortez
Dowis, Gaylord M; Sterling
Dupper, Harold H; Fort Collins

Eakins, Roger F; Denver
Ehlers, Gordon H; Denver; Englewood
Elzi, Richard L; Denver; Golden

Fawcett, Newton W; Colorado Springs
Fickel, Helen F; Berthoud
Fillion, Robert J; Sterling
Foster, Sydney; Orcas WA
France, David W Jr; Walden
Frankenburger, Louise B; Denver
Franklin, D A; Boulder
Freeman, Ann E; Boulder

Gardner, Joseph H; Evergreen
Garland, Dave T; Denver; Lakewood
Gieringer, Gary V; Colorado Springs
Gingery, Richard C; Montrose
Goad, Lloyd H; Golden
Gordon, Leon L; Mesa AZ
Gould, Arch H; Grand Junction
Gray, J Stephen; Aurora
Grosboll, Ashley N; Loveland
Grossman, Terry A; Granby

Hadley, John C; Eads
Halley, Norman B; Westminster
Hamstra, Gerald A; Colorado Springs
Haygood, Jerry W; Fort Lupton
Hayward, Bruce T; Aurora
Henbest, Philip M; Denver
Hixon, Walter S; Littleton
Hollar, Gregory F; Craig
Hooper, Gerald H; Denver; Arvada
Hoppe, Wayne E; Burlington
Houghan, Charles R; Fort Morgan
Huskey, Harlan B; Fruita; Grand Junction

Irwin, Everett; Fort Mohave AZ

Jekot, Chester B; Wheat Ridge
Johnson, Thomas G; Fountain
Johnston, Robert P; Aurora
Joseph, Norman; Aurora

Kano, Jane S; Denver
Kasenberg, Thomas P; Loveland
Kasunic, Louis B; Denver
Keefe, Jerome L; Cheyenne Wells
Kinzer, Edward J; Johnstown
Kobayashi, Thomas K; Denver
Kuykendall, Fred D; Greeley

Lang, Carol L; Aurora; Arvada
Langley, James W; Golden
LeBow, John R; Aurora; Castle Rock
Lee, Robert K; Denver
Leonardi, Leo J; Salida
Leppla, Leslie A; Greeley
Levisohn, Leonard W; Denver
Lewis, Roger R; Englewood
Light, Mason M; Gunnison

Maercklein, Wallace W; Evergreen
Malburg, Bernard J; Westminster; Denver
Manalo, Antonio S; Springfield
Marasco, Paul B; Grand Junction
Martin, Christopher H; Sun City AZ
Martin, Theodore E; Rocky Ford

Maurer, Lawrence E; Boulder
McCallon, T Dwaine; Buena Vista
McDonnel, Gerald E; Fowler
McGowan, Robert A; Buena Vista
McInerney, John R Jr; Golden
McWilliams, John E; Colorado Springs
Merritt, Edward G; Dolores; Cortez
Meyer, Ronald W; Gunnison
Meza, Felix; Denver
Michael, Joyce E; Colorado Springs
Momii, Dick D; Denver
Monahan, E P Jr; Craig
Morrell, Robert M; Sun City AZ
Mosko, Joel; Denver
Mullinaux, Ernest B; Aurora
Myers, R Douglas; Lakewood; Golden

Narvaez, Roger W; La Junta
Norton, John T; Denver; Parker

O'Neill, John J; Fort Collins
Odekirk, Larry L; Aurora; Castle Pines
Oelrich, Carl D; Greeley
Ogden, McAlpine P; Boulder
Ollhoff, Harold J; Sterling
Opatowski, Michael B; Denver
Orr, Edwin R; Fruita
Overturf, Bruce R; Fort Morgan

Parry, Thomas M; Edgewater; Lakewood
Perry, Robert B; Littleton
Powell, Thomas T; Golden; Lakewood
Prenzlau, Werner S; Denver

Retallack, Louis L; Denver
Richards, Robert B; Fort Morgan
Roberts, Donald G; Lakewood; Golden
Roberts, Emil L; Pueblo; Fowler
Ross, Clarence L; Burlington
Ruddell, James W; Alamosa
Ryan, Michael P; Lakewood

Sadler, Dean L; Lakewood
Sassano, Eugene; Wheat Ridge; Golden
Satt, James M; Rocky Ford
Scarinzi, Hugo J; Flagler
Schmidt, Robert L; Fort Collins
Schwab, Irving H; Colorado Springs
Shand, J Alan; La Junta
Shaver, Charles R; Montrose
Sherman, Leon H; Lakewood
Shidler, Elmore J; Brighton
Shwayder, Reynold I; Greeley
Smith, Harold J; Beulah
Snyder, Robert; Denver
Sprague, Dawin C; Johnstown
Squires, Robert S; Denver
Stahl, Larry G; Sterling
Starr, Robert R; Denver
Steinberg, Thomas I; Vail
Stutzman, Howard E; La Junta
Swartz, Carl W Jr; Pueblo

Thode, Henry P Jr; Fort Collins
Thron, Ann L; Boulder
Thumim, Martin B; Lakewood; Littleton
Townsley, Harry E; Colorado Springs
Tuttle, Elizabeth S; Colorado Springs

Vandiver, G H; La Junta
VanHardenbroek, Mecheld; Grand Junction
Vialpando, Arthur B; Walsenburg
Visconti, Francis T; Trinidad

Wagschal, Rolf; Denver
Ward, Robert G; Holly
Warren, D Mark; Denver
Watts, Walter H; Security
Weaver, John A Jr; Greeley
Weber, Clayton C; La Junta
Wherry, Franklin P; Lincoln City OR
Wight, Willard R; Las Animas
Williams, George S Jr; Fort Collins
Wolfe, Roy E; Boulder; Broomfield
Woodward, Paul E; Fort Morgan

Zarlengo, Roland J; Denver
Zimmer, James A; Security
Zimmerman, Dudley C; Sterling

GENERAL PREVENTIVE MED

Curry, Marcia F; Denver

Greenheck, Robert R; Denver; Aurora

Hattem, Albert R; Fort Lupton; Denver
Hoffman, Richard E; Denver; Golden

Kornberg, James P; Boulder

Loeppke, Ronald R; Greeley
Lucas, John L; Denver; Littleton

Mangione, Ellen J; Denver
McDaniel, Janice R; Grand Junction

Ogden, McAlpine P; Boulder

Rathbun, Katharine C; Aurora

Satt, James M; Rocky Ford
Sbarbaro, John A; Denver

Thron, Ann L; Boulder

Whitcomb, Harold C Jr; Aspen
White, Carleton B; Littleton

Yoder, Franklin D; Greeley

GENERAL SURGERY

Abernathy, Charles M Jr; Denver
Abrams, William W; Denver
Aragon, Guillermo E; Denver
Arguello-Rudin, Oscar G; Colorado Springs
Artist, E J; Greeley
Axtell, H Kent; Lakewood
Axthelm, Stephen C; Grand Junction

Baer, Sylvan B; Denver; Englewood
Balkin, Gilbert; Denver
Barber, Edgar W; Denver
Barkett, V Michael; Salida

Baumgartel, Earl D; Loveland
Baumgartner, Robert B; La Junta
Becker, Paul G; Denver
Berg, Kevin R; Longmont
Blakely, Charles A; Grand Junction
Bondi, Raymond G; Denver
Bostrom, Paul D; Dolores; Cortez
Bramley, Howard F; Englewood
Brennan, Joseph A; Denver; Englewood
Brightwell, Nathan L; Colorado Springs
Burrow, Claude H; Boulder
Butler, Harrison G III; Durango
Butler, Larry J; Colorado Springs

Cantu, Cesar R; Denver
Cedarblade, Vincent G; Las Vegas NV
Chaffee, Charles B; Wheat Ridge; Denver
Chambers, Jodi A; Denver
Chambers, William C Jr; Colorado Springs
Chiavetta, Thomas G; Fort Collins
Childs, Samuel B; Denver
Clark, David G; Englewood
Clark, Sallie B; Aurora
Cleveland, Henry C; Denver
Cline, Donald W; Salida
Cohen, Max M; Denver
Collins, Jerome S; Loveland
Collins, John A; Fort Morgan
Condon, William B; Denver
Conner, Donald J; Englewood; Denver
Coppinger, William R; Bay City TX
Coulter, Robert L Jr; Wheat Ridge

Daniels, Bernard T; Greeley
Day, John R M; Boulder
Deaver, David C III; Durango
Delauro, John E; Aurora; Denver
DeLine, James R
DePinto, Vincent J; Colorado Springs
DeTar, George F; Colorado Springs
Dickinson, Theodore C; Montrose
Douglas, Kenneth R; Wheat Ridge; Arvada
Dumm, James B; Denver

Eckhout, Gifford V; Denver
Ehrichs, Edward L Jr; Aurora
Eiseman, Ben; Denver; Englewood
Elo, Denis R; Loveland
Emmanuel, Samuel; Englewood
Engel, Stephen; Denver

Faraci, Robert P; Denver
Fenoglio, Michael; Denver
Fisher, H Calvin; Colorado Springs
Forman, Ernest E; Denver; Lakewood
Freeman, Ann E; Boulder

Gallagher, John Q; Denver; Littleton
Gay, Kent E; La Junta
Gerner, Robert E; Vail
Gerrard-Gough, Brodie; Colorado Springs
Ghaibeh, Ousama; Lamar
Giffin, James M; Delta
Giffin, Lewis A; Delta
Gildersleeve, Robert G; Cortez
Gilmore, Bruce T; Greeley
Gipson, Bernard F Sr; Denver
Goggans, Walter H; Denver

Grana, Arthur J; Colorado Springs; Dallas TX

Haley, A Thomas; Castle Rock
Haley, James S; Longmont
Halgrimson, Charles G; Denver
Halley, Tullius W; Durango
Harrison, Robin A; Boulder; Longmont
Harwood, James T; Denver; Englewood
Hattel, Nick D; Delta
Haun, William E; Denver; Englewood
Henderson, James A; Castle Rock
Henson, Stanley W Jr; Fort Collins
Hermann, Gilbert; Denver
Hildebrand, Jan S; Canon City
Hohm, Richard A; Fort Collins
Hornbaker, Charles L; Colorado Springs
Howe, Gerald E; Cortez
Howlett, Roger G; Arvada
Hoyle, Clifford L; Pueblo
Hughes, Robert H; Aurora
Humm, John J; Aurora
Hutchison, David E; Denver

James, Albert E; Denver
James, David R; Craig
Jennings, R Lee; Denver; Englewood
Johnson, Bruce M; Pueblo
Johnson, Marvin E; Carmichael CA
Johs, Stephen M; Boulder
Jones, Arthur F; Wheat Ridge; Lakewood
Jones, Charles G; Boulder
Jones, Harry D; Longmont

Kempers, Glenn R; Grand Junction
Kennedy, Louis J; Colorado Springs
Kessler, Charles W; Pueblo
Kimball, N Curtis; Sterling
King, Michael L; Pueblo
King, Otis J Jr; Aurora; Castle Rock
Kirshenbaum, Gerald; Aurora; Englewood
Koh, Kilsan; Boulder
Kortz, Allan B; Englewood; Denver
Kortz, Warren J; Englewood
Kramish, David; Denver
Kukral, Albert J; Lakewood

Lampe, John A; Wheat Ridge; Denver
Larkin, James M; Colorado Springs
Lavanway, James M; Colorado Springs
Law, Dennis K; Wheat Ridge; Littleton
Leonardi, Leo J; Salida
Ley, Eugene B; Canon City
Liddle, Edward B Jr; Colorado Springs
Light, Mason M; Gunnison
Lindeman, George M; Colorado Springs
Linnemeyer, Robert F; Grand Junction
Lloyd, William E; Colorado Springs
Lokey, Hamilton Jr; Wheat Ridge
Long, David M; Westminster; Boulder
Lopez, Edward M; Sterling
Lopez-Samaya, Omar E; Julesburg
Loyd, Robert G; Wray
Luter, Patrick W; Durango

MacLeod, William A J; Alamosa
MacMillan, Hugh A; Denver
MacPhee, William M; Aurora; Denver
Mains, Charles W; Wheat Ridge; Golden

GENERAL SURGERY—GERIATRICS

Major, Joseph J; Aurora; Englewood
Mangum, William K; Greeley
Mansour, M Ashraf; Denver; Aurora
Mastro, Edward R; Pueblo
McCarthy, Howard L; Englewood
McColl, Harry A Jr; Colorado Springs
McCroskey, Brian L; Denver
McCurdy, Robert E; Denver
McDivitt, Robert B; Greeley
McElfatrick, Robert A; Denver
McGill, Joseph J; Denver
McGuire, Brian M; Westminster; Lakewood
McKnight, James H Jr; Sterling
Mebane, David M; Montrose
Melzer, Robert B; Denver; Englewood
Merrill, Joseph G; Grand Junction
Meyers, Barry E; Denver
Miller, Denise M; Longmont
Monsour, James W; Denver
Montrey, Jill S; Aurora; Denver
Mooney, Herbert S Jr; Longmont
Moore, Ernest E Jr; Denver
Moore, Frederick A; Denver
Moore, George E; Denver; Conifer
Moore, John B; Wheat Ridge; Lakewood
Moore, John T; Aurora; Highlands Ranch
Moss, G Wayne; Lakewood
Mozia, Nelson I; Wheat Ridge; Golden
Mubarak, Asa'ad A; Wheat Ridge; Englewood
Murley, Gordon D; Pueblo

Narrod, James A; Denver
Neeley, George R; Wheat Ridge; Evergreen
Nicolay, Donald L; Boulder
Nietfeld, Harlan W; Pueblo

O'Rourke, P Terrence; Colorado Springs
Olson, Robert H; Wheat Ridge; Golden
Oram-Smith, Jeffrey C; Colorado Springs
Otteman, Merlin G; Fort Collins
Owens, J Cuthbert; Denver; Englewood

Palmieri, Anthony J; Aurora
Parsons, Donald W; Denver; Littleton
Parsons, Sally A; Greeley
Pash, Robert; Denver
Patterson, David K; Alamosa
Peck, Mordant E; Denver
Peetz, Michael E; Greeley
Petersen, Warren A; Grand Junction
Plaus, William J; Denver
Polevoy, Ira S; Lakewood; Evergreen
Poliakoff, Claude S; Colorado Springs
Poucel, Jean-Georges; Aurora
Preshaw, D Edwin; Littleton
Price, Jerry G; Denver; Englewood
Prinzing, J Fredric Jr; Denver

Quinn, Richert E Jr; Greeley

Radway, Paul R; Pueblo
Rainer, William G Jr; Cortez
Ratzer, Erick R; Denver; Littleton
Reckler, Sidney M; Denver
Reich, Marshall P; Aurora; Denver
Reimers, Wilbur L; Denver
Robinson, William M M; Hendersonville NC
Roos, David B; Denver; Littleton

Rose, Virgil J; Denver; Brighton
Rosenberger, Alan B; Wheat Ridge; Lakewood
Rothhammer, Amilu S; Colorado Springs
Rubinson, Samuel M; Colorado Springs
Ruddell, James W; Alamosa
Ryan, Michael P; Lakewood

Salata, John Robert; Colorado Springs
Sampath, Kulasekhar; Pueblo
Sanidas, John D; Denver
Sawyer, Robert B; Denver
Schechter, Philip A; Littleton; Englewood
Schiefen, James C; Imperial NE
Schmitt, Edward A; Colorado Springs
Schmitt, Henry J Jr; Colorado Springs
Schneider, Herbert H; Pueblo
Schultz, Norman J; Wheat Ridge
Schultz, Randall R; Durango
Schwartz, Arthur A; Aspen
Seagraves, Mary A; Colorado Springs
Shanks, W George; Grand Junction
Sherman, Leon H; Lakewood
Simon, John S; Denver
Simpson, George R; Grand Junction
Sims, John A; Colorado Springs
Smiley, John W; Denver
Smith, Edwin R; Denver; Englewood
Smith, Jerry; Denver
Spencer, J Robert; Aurora
Spokas, Frank J Jr; Trinidad
Stabler, Lairie O; La Junta
Stahlgren, LeRoy H; Denver
Stephenson, Philip L; Wichita Falls TX
Stirman, Jerry A; Glenwood Springs

Takeno, M George; Englewood
Thomas, H Dale; La Jara
Tupper, Harvey M; Grand Junction
Tutt, George O Jr; Fort Collins
Tyburczy, Joseph A Jr; Brighton

Varnell, Jeffrey L; Aurora; Englewood
Voiles, J David; Fort Collins

Warren, Herrick S; Wheat Ridge; Denver
Waters, Robert M; Boulder
Weaver, John A Jr; Greeley
Weaver, William D; Brighton; Lakewood
Weston, Eugene L; Wheat Ridge; Golden
Wheeler, James R; Greeley
Wiese, Eugene A; Greeley
Williams, J Stewart; Evergreen; Golden
Williams, Richard W; Littleton; Englewood
Wilson, Ben J; Phoenix AZ
Wilson, Robert E; Denver
Wilz, William P; Pueblo
Winder, Denis J; Durango
Wise, James K; Fort Collins
Wollgast, George F; Englewood
Wolz, John F; Fort Morgan
Woodruff, Robert; Denver
Woods, Susan E; Fort Collins

Yajko, R Douglas; Glenwood Springs
Yee, Edward S; Colorado Springs
Yukl, Richard L; Denver

Zick, H Rolan; Boulder

GENETICS

Greensher, Arnold; Colorado Springs

Porreco, Richard P; Denver; Englewood

Soper-Porter, Harriette C; Grand Junction
Strain, James E; Elk Grove Village IL; Prospect Hts IL

Wexler, Paul; Aurora; Littleton

GERIATRICS

Anneberg, A Lee; Denver

Bagga, Guri "Singh"; Denver
Berg, Mary J; Ordway
Bermingham, Roger P; Fort Collins
Bricker, John W; Denver

Cersonsky, H Sol; Denver
Cole, Norman J; Larkspur
Cook, William R; Denver
Cutts, William B; Greeley

Davis, Telford A; Durango
Doster, Mildred E; Denver

Fishman, Paul J; Denver

Geller, I Benjamin; Denver
Gibson, Matthew L Jr; Aurora

Hiner, John M; Brighton

Jardine, Robert L; Denver

Kano, Jane S; Denver
Kilpatrick, David M; Sterling

Lazaroff, Alan; Denver; Englewood
Lovell, Kenneth R; Colorado Springs

Martin, William M; Aurora
McCartney, Robert D; Denver
McCarty, David W IV; Longmont
McClellan, Charles W; Colorado Springs
McCloskey, Thomas T; Englewood
McGlone, Frank B; Denver; Littleton
McWilliams, John E; Colorado Springs
Moore, Cyril S C; Denver
Munro, George F; Brighton
Murphy, James T; Boulder

Orr, William F Jr; Denver

Reeves, Robert H; Colorado Springs
Rest, Arthur; Denver

Stelle, Robert E; Colorado City
Stevenson, Chester P; Grand Junction

Tedeschi, John P; Colorado Springs

Unfug, Harry V; Fort Collins

Vest, Walter E Jr; Denver

Williams, Lester L; Colorado Springs
Winans, Robert E; Monument

GYNECOLOGY

Abelman, Maxwell A; Denver
Abrams, Fredrick R; Aurora; Englewood
Anderl, Vernon K; Englewood
Austin, Robert C Jr; Littleton; Englewood

Bernstein, Udell L; Denver
Buchanan, Kay M; Colorado Springs

Carpenter, David E; Wheat Ridge; Arvada
Caskey, Jack B Jr; Aspen
Cedars, Leonard A; Littleton; Englewood
Chandler, Earl L; Wheat Ridge
Coringrato, Mario A; Lakewood
Cowgill, Joseph S; Boulder

Foley, Thomas H; Denver; Englewood
Foust, G T Jim Sr; Denver
Frederickson, Helen L; Denver
Freed, Charles R; Denver

Goddard, William B; Lakewood; Wheat Ridge
Grund, Walter J; Littleton

Hahn, Robert W; Colorado Springs
Ham, Gordon C; Englewood; Denver
Hannah, Stanley L; Denver; Englewood
Hepner, Harold J; Denver; Englewood
Hibbard, H David; Louisville; Boulder

Inkret, William Jr; Denver

Kennedy, James R; Colorado Springs
Kopelman, J Joshua; Aurora

Lane, Richard A; Boulder
Lombardi, James C; Denver
Lord, Edward L; Aurora

Mack, Marjorie A; Aurora
Major, Francis J; Denver; Englewood
Martin, Eva; Fort Collins
Maxwell, James H; Colorado Springs
Moore, Michael L; Denver; Englewood

O'Neill, John J; Fort Collins
Oliphant, Manford M Jr; Denver; Littleton

Patterson, James R; Englewood
Penner, Clyde E; Englewood
Peterson, Richard I; Colorado Springs
Phillips, George L Jr; Denver, Elizabeth
Potestio, Frank S; Englewood; Parker

Richards, Bruce C; Lakewood
Roberts, Jerry R; Colorado Springs

Sherrod, Dale B; Longmont
Shields, Lloyd V; Denver
Short, William F; Colorado Springs
Silverberg, Stuart O; Westminster; Golden

Stewart, Robert J; Denver
Straits, B Joan; Wheat Ridge
Stringfellow, Roy C Jr; Colorado Springs

Taylor, E Stewart; Denver
Trousdale, William E; Colorado Springs

Voss, Richard G; Fort Collins

Wexler, Paul; Aurora; Littleton
Williams, Derek W; Aurora; Englewood
Wilson, Don E; Longmont
Wilson, William B Jr; Denver; Littleton
Wittenberg, Ernst; Boulder
Woodard, W Donald; Denver

HAND SURGERY

Arganese, Thomas J; Denver; Englewood

Benton, Louis J; Denver
Boswick, John A Jr; Denver; Englewood
Britton, James A; Longmont
Burrow, Claude H; Boulder
Bussey, Randy M; Greeley

Charles, David M; Denver
Clayton, Mack L; Denver
Conyers, David J; Denver
Cramer, Lester M; Colorado Springs

Derkash, Robert S; Glenwood Springs
Duncan, Kenneth H; Fort Collins

Ferlic, Donald C; Denver
Foster, Robert J; Colorado Springs
Fry, Thomas G; Wheat Ridge; Golden

German, Charles; Englewood
Goldstein, Stephen A; Denver; Aurora
Gordon, Lee; Fort Collins

Hamlin, Charles; Denver
Horner, Robert L; Denver; Englewood

Janson, Richard A; Grand Junction

Larson, Wallace K; Colorado Springs

McCulloch, Alexander T Jr; Colorado Springs
Merkel, William D; Grand Junction
Muffy, James T; Englewood

Parks, B Jefferson; Wheat Ridge
Payea, Norman P II; Lakewood; Wheat Ridge
Pise, Gerald J; Colorado Springs
Powers, Robert C; Englewood; Denver

Rodriguez, Jose L; Glenwood Springs

Saber, William L; Denver; Golden
Schmidt, Douglas R; Denver
Scott, Francis A; Denver; Englewood
Serota, Joseph F; Aurora; Englewood
Shesol, Barry F; Aurora
Snively, Steven L; Denver; Littleton
Sobel, Roger M; Fort Collins
Sumners, Thomas C; Denver

Waldrop, William L; Grand Junction
Walker, Ian G; Colorado Springs
Weingarten, Peter L; Aurora; Englewood
Wilson, Christopher S; Wheat Ridge; Highlands Ranch

Yocum, Harold A; Denver; Golden

Zbyski, Joseph R; Denver; Englewood

HEAD & NECK SURGERY

Albin, Richard E; Denver

Bedard, Charles H; Pueblo
Berlin, Barry P; Littleton
Burgert, Paul H; Glenwood Springs

Carnel, Shirley B; Colorado Springs
Carris, James V; Colorado Springs

Dart, Douglas J; Boulder
Demshki, Andrew E Jr; Pueblo

Edgerton, J Craig; Durango
English, Gerald M; Englewood; Denver
Ernster, Joel A; Colorado Springs

German, Charles; Englewood

Hohengarten, John H; Colorado Springs

Kinzler, Dale L; Arvada
Krekorian, Edmund A; Denver; Aurora
Kreutzer, Erik W; Lakewood; Denver

Lanier, Dennis M; Denver

McColl, Harry A Jr; Colorado Springs
Merkel, William D; Grand Junction

Nelson, William R; Denver

Pruitt, J C; Colorado Springs

Rodriguez, Jose L; Glenwood Springs

Schaler, Richard E; Englewood
Schmidt, Douglas R; Denver
Schmitt, Henry J Jr; Colorado Springs
Silveira, M Beatriz; Aurora
Smith, Brent J; Denver; Englewood
Smith, Bruce M; Fort Collins
Sumners, Thomas C; Denver

Tralla, Michael A; Wheat Ridge; Cherry Hills Village
Tutt, George O Jr; Fort Collins

Zbyski, Joseph R; Denver; Englewood

HEMATOLOGY

Altshuler, John H; Englewood

Bakemeier, Richard F; Denver
Booth, Richard R; Fort Collins

HEMATOLOGY—INTERNAL MEDICINE

Bourg, Wilson C III; Lakewood

Caskey, Jennifer H; Wheat Ridge
Curlman, George H Jr; Denver

Daneshbod-Skibba, Ghodsi; Arvada
Dawson, Donald L; Colorado Springs
DiBella, Nicholas J; Aurora; Parker

Fangman, Michael P; Fort Collins
Fink, Kyle M; Denver
Fisher, Thomas C; Fort Collins

Gray, Jan L; Lakewood; Golden

Heller, Henry M; Durango

Kovachy, Robin J; Englewood; Aurora

Lavrinets, David A; Longmont
Link, David B; Littleton

Martz, David C; Colorado Springs
Matchett, Kenneth M Jr; Grand Junction
Moran, Patrick L; Boulder

Napoli, J Nicholas; Lakewood

Otsuka, Alvin L; Denver

Pajon, Eduardo R Jr; Aurora; Parker

Reiquam, C W; Denver; Lakewood
Rubinowitz, Martin J; Denver

Settipani, Frank L; Pueblo
Sikand, Gita S; Denver; Englewood
Sitarik, Mark A; Boulder
Stone, Michael D; Greeley

Tolley, Russell C; Denver
Trevanthen, David R; Denver
Tubergen, David G; Denver

White, Madeline J; Denver

HYPNOSIS

Birmingham, Roger P; Fort Collins

Gibson, Richard W; Boulder

LaBaw, Wallace L; Denver
Leistikow, David C; Broomfield
Levy, Irwin B; Denver

Perry, Robert B; Littleton
Piper, James C; Grand Junction

Stevens, Wayne E; Lakewood

IMMUNOLOGY

Gabelman, Omer P; Grand Junction; Kennewick
WA
Golbert, Thomas M; Lakewood; Denver

Luziatti, Richard G; Aurora; Littleton

Mason, Ulysses G III; Denver

Shira, James E; Denver; Englewood

IMMUNOPATHOLOGY

Sciotto, Cosimo G; Colorado Springs

INDUSTRIAL MEDICINE

Becky, Joseph R; Denver
Blanchard, Thomas J; Commerce City; Northglenn
Bowling, F Lee; Englewood
Bramer, Clifford F; Laguna Niguel CA

Carroll, Charles A; Fort Collins

Gardner, Joseph H; Evergreen
Geesaman, Richard E; Boulder
Gilman, Harold E; Rancho Mirage CA
Greenheck, Robert R; Denver; Aurora

Kornberg, James P; Boulder

Shoemaker, Larry D; Colorado Springs; Monument
Shwayder, Aaron J; Denver
Steinberg, Thomas I; Vail

Weaver, Robert H; Denver; Golden
White, Carleton B; Littleton

Young, Robert S Sr; Rancho Mirage CA

INFECTIOUS DISEASES

Baines, R Dixie Jr; Denver; Littleton
Brandt, David; Boulder
Brinton, William T; San Luis; Alamosa

Cobb, William B; Palisade; Grand Junction
Cox, Robert L; Denver; Englewood

Eickhoff, Theodore C; Denver; Littleton

Golub, Burton P; Denver; Golden
Gulinson, Jordan E; Denver

Hofflin, Jesse M; Colorado Springs

Karakusis, Peter H; Denver; Highlands Ranch
Kearns, Donald H; Denver

Perlman, Daniel M; Denver

Schafer, Larry A; Wheat Ridge; Arvada
Strandberg, Donald A; Colorado Springs

Wright, Richard A; Denver

INFERTILITY

Bernstein, Leonard D; Thornton
Burke, James M; Aspen; Snowmass Village

Cedars, Leonard A; Littleton; Englewood
Chatfield, John N Jr; Colorado Springs
Chisholm, John W; Denver
Cole, Norman G Jr; Colorado Springs

Farinholt, Jon W; Aurora; Englewood
Ford, Jack; Colorado Springs
Fouk, Arnold R Jr; Greeley
Foust, G T Jim Sr; Denver
Foust, Glenn T III; Denver

Goodman, Reid A; Denver; Englewood
Gottesfeld, Ray L; Denver
Griffith, William F III; Aurora
Grossman, Fred; Denver

Hackett, Robert D; Grand Junction
Hahn, Robert W; Colorado Springs
Hall, Michael L; Denver
Hartman, James F; Denver
Heavrin, John S; Lakewood; Littleton
Hepner, Harold J; Denver; Englewood

Inkret, William Jr; Denver

Jacobs, Herbert L; Westminster; Denver

Kopelman, J Joshua; Aurora

Lane, Richard A; Boulder
Lee, William H; Littleton; Castle Rock
Ludwin, Gary A; Fort Collins

Moore, Michael L; Denver; Englewood

Nicks, Frank I Jr; Colorado Springs

O'Donnell, James A; Glenwood Springs
O'Neill, John J; Fort Collins

Reitingner, Russell G; Longmont
Richards, Bruce C; Lakewood

Shields, Lloyd V; Denver

Vargas, Peter A; Denver

Watts, Thomas B; Aurora; Denver
Weisbrod, Dennis M; Denver; Englewood
Wexler, Paul; Aurora; Littleton
Woodard, Don E; Englewood; Denver

INTERNAL MEDICINE

Abbey, David M; Fort Collins
Abbey, William S; Fort Collins
Abrams, Richard S; Denver
Ackery, Roscoe H; Pueblo
Adams, Ralph W; Colorado Springs
Aldrich, Franklin D; Boulder
Alexander, Martin M; Denver
Allen, David K; Fort Collins
Anderson, Paul N; Colorado Springs
Anger, Michael S; Thornton; Aurora
Anneberg, A Lee; Denver
Anouna, Sam; Denver
Ansfield, Michael J; Colorado Springs
Apke, Richard J; Westminster; Denver

Appelbaum, Jerry J; Denver
 Archuleta, Maurice A; Littleton; Aurora
 Armstrong, George W III; Denver
 Armstrong, John P; Gunnison
 Arndt, Karl; Denver
 Augustitus, V Karen; Lakewood
 Avery, John S; Boulder

Backup, Linda D; Longmont; Lyons
 Bagale, Elia J; Pueblo
 Baines, R Dixie Jr; Denver; Littleton
 Bakemeier, Richard F; Denver
 Baker, Pete H; Englewood
 Ball, John H; Colorado Springs
 Barber, Donn J; Greeley
 Barlow, Michael C; Aurora
 Bartecchi, Carl E; Pueblo
 Baughman, Jack L; Denver
 Baumgartner, Werner K; Lakewood
 Bechtel, Joel J; Grand Junction
 Becky, Frank R; Englewood
 Bell, John J; Colorado Springs
 Benchwick, Paul L; Colorado Springs
 Benedict, Claudia K; Denver
 Benner, Miriam C; Denver
 Bennett, Willis L; Denver
 Berenbeim, David M; Littleton; Englewood
 Berg, Robert N; Denver; Englewood
 Berkbigger, Dale T; Del Norte
 Bernton, J Tashof; Denver
 Berris, Robert F; Denver
 Berry, William R; Longmont
 Bershof, Edward; Denver
 Bigelow, D Boyd; Denver
 Bildstein, Rodger D; Colorado Springs
 Blanchet, William L; Boulder
 Blaney, Loren F; Denver
 Blaney, Robert L; Littleton; Denver
 Blonder, Ronald D; Colorado Springs
 Bodnar, Judith K; Aurora
 Bogin, Robert M; Denver
 Boone, Jeffrey L; Denver
 Bortz, Alan I; Littleton; Denver
 Bosworth, Robert G Jr; Denver
 Boulder, Joel C; Littleton
 Bowles, Roger E; Littleton
 Bramschreiber, Jerome L; Colorado Springs
 Brandt, David; Boulder
 Bricker, John W; Denver
 Brinton, William T; San Luis; Alamosa
 Broughton, Joseph O Jr; Denver
 Brown, Gerald D; Littleton
 Brown, Stephen T III; Pueblo
 Brubaker, William H; Boulder
 Brunecky, Alice; Lakewood
 Buchanan, Daniel H Jr; Denver
 Buckley, John E; Denver
 Bull, Malcolm I; Grand Junction
 Burch, William D; Greeley
 Burgess, Alan W; Denver; Englewood
 Burton, Richard M; Colorado Springs
 Bush, James F; Fort Collins

Campbell, Frank C; Englewood
 Canaday, Peter G; Denver
 Capek, Richard B Jr; Englewood; Denver
 Carlin, Allan W; Wheat Ridge
 Carlson, H Blair; Denver

Carson, Richard; Littleton; Englewood
 Cary, Ethan R; Greeley
 Cash, Robert L; Greeley
 Chamberlain, Thomas J; Montrose
 Chapel, Harold L; Brush; Sterling
 Chapman, Robert G; Denver
 Chase, Jerry A; Loveland
 Christopher, Kent L; Denver
 Citron, Daniel C; Denver
 Clapp, Harry W; Ordway
 Clark, Mary J; Denver
 Clark, Phyllis V; Colorado Springs
 Clarke, J Philip; Denver; Englewood
 Clifford, Nathan J; Greeley
 Clutter, Joseph S; Pueblo
 Cochrane, David R; Denver; Englewood
 Cohen, Milton I; Colorado Springs
 Coleman, Thomas H; Denver
 Comer, Hugh T; Delta
 Cone, Ross B; Denver
 Contiguglia, S Robert; Denver
 Coogan, Mary A; Denver
 Cook, Julius E; Colorado Springs
 Cook, William R; Denver
 Coonan, John E; Wheat Ridge; Golden
 Coulehan, Lawrence T; Denver
 Cox, Robert L; Denver; Englewood
 Crumbaker, Victor A; Grand Junction
 Cullen, Richard C; Aurora
 Curfman, George H Jr; Denver
 Cutts, William B; Greeley

Daeke, Donald A; Littleton
 Davidson, Allan B; Colorado Springs
 Davis, Charles A; Wheat Ridge
 DeMuth, Patrick J; Colorado Springs
 Dernovsek, Kenneth D; Pueblo
 DiBella, Nicholas J; Aurora; Parker
 Dobbs, Aubrey R; Denver
 Domaleski, Robert P; Wheat Ridge
 Donahue, Lawrence P; Colorado Springs
 Donovan, Edward J; Denver; Englewood
 Downs, David A; Denver
 Drake, Robert L; Pueblo
 Dreher, William H; Grand Junction
 Dubin, Frank I; Denver
 Duckett, Lisa L; Denver; Littleton
 Duman, Louis J; Denver
 Dunlop, Gentry R Jr; Aurora
 Dunn, Lawrence J; Colorado Springs

Echternacht, Fred J; Littleton
 Eck, Frederick J Jr; Vail
 Edwards, John A; Denver; Englewood
 Edwards, Stanley O; Greeley
 Eickhoff, Theodore C; Denver; Littleton
 Eidsvoog, Carol A; Aurora
 Eiffert, Earl D; Pueblo
 Eisele, C Wesley; Englewood
 Elles, Mark E; Denver; Aurora
 Ellis, Robert H; Fort Collins
 Erben, Ivo; Westminster; Arvada
 Erfling, William F; Boulder

Fabec, Sally L; Trinidad
 Fagan, Michael C; Aurora
 Fangman, Michael P; Fort Collins
 Farabaugh, Leonard J; Pueblo

Farrington, John F; Boulder
 Fell, William F Jr; Aurora
 Ferguson, Stuart R; Denver
 Fieman, Naomi M; Englewood; Denver
 Fineman, Bruce G; Denver
 Firth, Michael G; Alamosa
 Fisher, Thomas C; Fort Collins
 Fliegelman, Martin J; Denver; Englewood
 Frank, Lorenz S; Littleton
 Friedland, Joseph D; Denver
 Friedman, H Harold; Denver

Gabow, Patricia A; Denver
 Gaide, Thomas K; Pueblo
 Gardner, John W; Pueblo
 Garlick, Ivor; Denver
 Gelman, Lloyd D; Boulder
 Gerber, Michael J; Wheat Ridge; Denver
 Gersabeck, Robert H; Denver
 Gheen, Kenneth M; Colorado Springs
 Giansiracusa, Richard F; Loveland
 Gillesby, Robert J; Englewood; Littleton
 Gilmer, T Scott; Aurora
 Gipson, William T Jr; Parker
 Glann, Alan S; Durango
 Glassman, Michael H; Denver; Aurora
 Glode, John E; Longmont; Hygiene
 Goff, John S; Denver
 Golub, Burton P; Denver; Golden
 Good, Richard L; Littleton
 Goodman, Stephen B; Littleton
 Gorshow, Stephen M; Denver
 Gottlieb, Thomas B; Arvada
 Grady, James R; Boulder
 Graf, Paula; Fort Collins
 Graham, John R; Aurora; Englewood
 Graham, Rebecca S; Denver
 Green, Thomas F Jr; Denver
 Greenberg, David I; Colorado Springs
 Grenoble, David C; Durango
 Grosboll, Edward E; Loveland
 Guillory, Gerard L; Aurora
 Gulinson, Jordan E; Denver
 Gunstream, Stanley R; Fort Collins

Haimes, Mark D; Boulder
 Hamilton, Richard; Denver
 Hanna, Philip D; Englewood
 Hansen, Richard N; Englewood
 Harrison, Mark N; Boulder
 Harrod, C Scott; Alamosa
 Harvey, Robert P; Denver
 Hashimoto, Christine; Denver
 Hatfield, Wendell; Englewood
 Haygood, Thomas A; Fort Collins
 Hays, John C; Colorado Springs
 Headley, David L; Colorado Springs
 Heaton, Angeline D; Denver
 Hedberg, John; Denver
 Heller, Henry M; Durango
 Henson, Robert E II; Denver
 Hibbard, H David; Louisville; Boulder
 Higgins, Andrew G; Denver; Wheat Ridge
 Higgins, Thomas; Boulder
 Hillman, John D; Colorado Springs
 Hilty, Daniel E; Wheat Ridge; Arvada
 Hilty, Raymond W Jr; Boulder
 Hiner, John M; Brighton

INTERNAL MEDICINE

Hoffenberg, Stephen R; Denver
Hoffman, James F; Fort Collins
Holman, Andrew J; Aurora
Holt, Peter B; Longmont
Homburg, Robert C; Fort Collins
Honea, Bertrand N III; Loveland
Hopf, Timothy R; Denver
Huber, James A; Denver
Huffman, David H; Colorado Springs
Husted, Joel R; Boulder
Huston, Jeffrey D; Denver; Littleton

Ippen, Gregory A; Denver

Jabour, Christy; Arvada
Jacobs, Alexander; Denver
James, Lynn A; Grand Junction
Jantz, Richard D; Denver
Jensen, Laurence G; Pueblo
Jimenez, Guilebaldo E; Trinidad
Johnson, Charles B; Westminster; Golden
Johnson, Melvin A; Denver
Johnson, Richard W; Fort Collins
Johnston, Henry M III; Steamboat Springs
Jones, Everette G; Denver; Golden
Joseph, Jasmine J; Denver

Kading, Steven O; Greeley
Kane, Gregory A; Littleton
Karakusis, Peter H; Denver; Highlands Ranch
Karel, James L; Denver; Wheat Ridge
Karsh, Harvey B; Denver; Englewood
Kassan, Stuart S; Wheat Ridge; Denver
Kauvar, Abraham J; Denver
Kelble, David L; Denver; Evergreen
Kellman, Arlene M; Greeley
Kelly, Karen M; Wheat Ridge; Golden
Kennison, Herbert B Jr; Denver
Kent, Robert H; Colorado Springs
Khan, Muhammad F; Denver
Kief, Jan M; Arvada
Kilpatrick, David M; Sterling
Kluck, Clarence J; Englewood
Knight, Robert A; Arvada; Golden
Koelsch, Harmut W; Longmont
Kraus, G Thomas; Aurora
Krebs, Richard A; Wheat Ridge
Krieger, Gary R; Denver; Boulder
Kroger, J Stephen; Longmont
Krohn, Kelly D; Denver
Kuhn, Kathleen R; Aurora; Denver
Kulik, Janice E; Pueblo

Laman, Muryl L; Pueblo
Lamb, Richard C; Sterling
Lambert, John C; Montrose
Lapidus, Robert J; Wheat Ridge; Evergreen
Laprise, Paul M; Pueblo
Lavrins, David A; Longmont
Lawrence, W Stewart; Denver
Lazaroff, Alan; Denver; Englewood
Leder, Eric H; Denver
Leder, Max M; Denver
Leder, Robert; Denver; Englewood
Lee, Russell M; Colorado Springs
Lefkowitz, Donald J; Denver
Levine, Joel S; Denver
Levine, Mark A; Englewood; Aurora

Linden, Robert A; Alamosa
Lindquist, Valdemar A Y; Denver; Golden
Lininger, Thomas R; Greeley
Livingston, Wallace H; Denver
Lloyd, Leo W; Durango
Lopez, William Jr; Fort Collins
Lower, Dennis L; Greeley
Lowry, Hope; Englewood
Luzietti, Richard G; Aurora; Littleton

MacCarter, Daryl K; Denver
Magraw, Bronwen J; Palisade
Mahony, Thomas H Jr; Denver
Mangione, Ellen J; Denver
Manguso, Robert L; Aurora
Martz, David C; Colorado Springs
Maruca, Joseph; Grand Junction
Mass, Ann M; Aspen
Matchett, Kenneth M Jr; Grand Junction
Maulitz, Robert M; Denver
Mayeda, Thomas K; Littleton
McAuliffe, Gregory F; Alamosa
McCallister, Dianne E; Denver
McCallum, Douglas G; Denver
McCartney, Robert D; Denver
McCarty, David W IV; Longmont
McCaulley, Mark E; Steamboat Springs
McClellan, Charles W; Colorado Springs
McCloskey, Thomas T; Englewood
McDonough, Gilbert L; Denver
McDowell, Marion E; Denver
McGlone, Frank B; Denver; Littleton
McIntyre, Donald O; Lakewood
McKenna, Robert L; Denver
McLean, Anne B; Lakewood; Denver
McMahon, B Thomas; Denver
Mehler, Philip S; Littleton; Denver
Mehler, Robert E; Boulder
Melia, Larry D; Denver
Mikles, Devin A; Aurora; Denver
Miller, E Eugene; Colorado Springs
Miller, Edward S; Denver
Miller, Eugenia M; Aurora
Miller, James A; Fort Morgan
Miller, Paul D; Lakewood; Wheat Ridge
Miller, Terry D; Wheat Ridge; Arvada
Mink, Barry D; Aspen
Molk, Kevin J; Littleton
Molk, Leizer; Denver
Montbriand, Joel R; Boulder
Moore, Rebecca L; Colorado Springs; Monument
Moran, Patrick G; Grand Junction
Morton, David E; Pueblo
Morton, G Thomas; Glenwood Springs
Motley, Robert F; Montrose
Mountain, Richard D; Denver; Littleton
Mueller, John F; Denver
Munch, David M; Aurora; Englewood
Murphy, James T; Boulder
Murray, Garvin C; Loveland
Mushinsky-Tralles, Ann V; Denver; Aurora
Mutz, Austin; Denver

Neal, Billy J; Lakewood; Wheat Ridge
Neerukonda, Shanti K; Aurora
Nibbe, Albert F; Wheat Ridge; Lakewood
Nissim, Joseph J; Longmont; Boulder
Noble, Michael J; Colorado Springs

Nordstrom, David M; Colorado Springs
Norton, John D; Colorado Springs
Nye, John R; Denver

O'Connor, Sharon E; Littleton
Oakley, Robert D; Denver; Littleton
Olvey, Stuart K; Colorado Springs
Onat, Maurine; Denver; Englewood
Osborn, Mark M; Pueblo
Osborne, Richard B; Greeley
Otsuka, Alvin L; Denver
Oxman, Albert C; Denver

Pace, R Scott; Greeley
Pajon, Eduardo R Jr; Aurora; Parker
Palmer, Walter Lincoln; Chicago IL
Palmquist, David L; Denver
Parker, Kay C; Denver; Morrison
Parsons, Debra J; Denver
Patten, Albert M; Denver
Patz, David S; Grand Junction
Paz, F Mark; Westminster
Peacock, William F; Littleton
Percefull, Sabin C; Englewood
Perlman, Daniel M; Denver
Peterson, Edwin W; Denver
Peterson, W Peter; Denver
Phillips, Barbara A; Boulder
Phillips, Robert G; Denver
Pickett, H Manning; Lakewood; Evergreen
Platt, Frederic W; Denver
Platt, Teresa L; Glenwood Springs
Platz, Victor; Colorado Springs
Plunkett, Larry M; Denver
Podlecki, David A; Longmont
Pollock, Caryl J; Colorado Springs
Porter, Robert T; Evansville IN
Poticha, Gerald S; Littleton; Englewood
Pratt, Elmer B; Littleton
Pratt, Jennifer A; Denver; Aurora

Rademacher, Donald R; Greeley
Radetsky, Paul; Denver
Rahman, Syedshah N; Denver
Rapp, Barry M; Pueblo
Ratcliff, Ralph G; Denver
Ratner, Karen N; Littleton
Reeves, Robert H; Colorado Springs
Rein, Richard A; Aurora
Reinhardt, George N III; Colorado Springs
Repsher, Lawrence H; Wheat Ridge
Rest, Arthur; Denver
Restivo, Jack L; Denver
Reveille, Robert M; Denver
Richman, Lee K; Wheat Ridge; Lakewood
Roberts, Donald M; Denver
Roess, Thomas J; Snowmass
Rollins, Donald R; Loveland
Ross, James R; Grand Junction
Rothman, David; Denver
Rubinowitz, Martin J; Denver
Rudolph, Merritt C; Denver; Englewood

Sable, David L; Fort Collins
Salerno, Charles F; Pueblo
Saliman, Alan E; Glenwood Springs
Sandhaus, Robert A; Denver; Littleton
Sands, Arthur C; Fort Collins

Sato, Randall E; Loveland
 Sayre, Robert L; Colorado Springs
 Sbarbaro, John A; Denver
 Schaten, Mark A; Denver; Aurora
 Schiller, Carl F; Aspen
 Schneider, Dennis L; Colorado Springs
 Schneider, William A; Denver; Englewood
 Schocket, Alan L; Denver
 Schrier, Robert W; Denver; Englewood
 Scott, Stephen C; Denver
 Seegers, Winnifred; Englewood; Littleton
 Settiani, Frank L; Pueblo
 Shealy, Stephen H; Littleton
 Sheehan, Mark W; Denver; Englewood
 Sheridan, E Paul; Denver
 Sherman, Morton E; Aurora; Englewood
 Sherman, Susan A; Aurora; Englewood
 Shiovitz, William D; Boulder
 Shipman, Karl H; Denver
 Shore, Roy H; Greeley
 Shpall, Zachary I; Denver
 Sides, Leroy J; Denver
 Simmons, Richard E; Fort Collins
 Skahill, Steven E; Brighton
 Slonim, N Balfour; Denver
 Smith, Christopher F; Aurora; Englewood
 Smith, Dale J; Denver; Golden
 Smith, G Paul; Grand Junction
 Smith, Hubbard W; Greeley
 Smith, Raymond H; Colorado Springs
 Smith, Thomas R; Pueblo
 Snyder, Alan L; Boulder
 Solomon, William A; Aurora
 Spangler, Michael W; Colorado Springs
 Spatt, Peter D; Denver
 Spaulding, Duane R; Colorado Springs
 Speedie, Douglas K; Delta
 Spees, Alan J; Denver; Littleton
 Spies, Carol; Englewood
 Stack, Robert K; Colorado Springs
 Stafford, Robert M; Colorado Springs
 Steedle, David W; Englewood; Denver
 Steffen, Grant E; Englewood
 Stephens, Mark R; Vail
 Stevenson, Chester P; Grand Junction
 Stiff, Kaye L; Wheat Ridge
 Stjernholm, James R; Pueblo
 Stjernholm, Thomas; Pueblo
 Striplin, Michael R; Boulder
 Stuebner, Jon W; Aurora; Englewood
 Sunderman, Steve R; Alamosa
 Sutherland, Jesse O Jr; Denver
 Szczukowski, Lorna; Denver

Taguchi, James T; Denver; Littleton
 Talley, Richard W; Littleton
 Taryle, David A; Denver; Greenwood Village
 Tate, Robert M; Denver
 Telatnik, Stephen C; Colorado Springs
 Tello, Robert J; Loveland
 Tepley, Fred H; Lakewood
 Tobin, Peter L; Denver
 Tomasso, Gerard I; Glenwood Springs
 Tormey, Anthony D; Aurora
 Towbin, Milton N; Denver
 Trevarthen, David R; Denver
 Truitt, Leigh; Denver
 Turvey, B Edward Jr; Boulder

Tyor, Joseph C; Denver

Unfug, Harry V; Fort Collins

Valencia, Warren H; Longmont
 Vancamp, Wesley; Pueblo West
 Vanderschouw, H M; Leadville
 VanHook, Charles J; Longmont
 Velkoff, Michele A; Denver
 Vest, Walter E Jr; Denver
 Victor, Yona D; Aurora; Parker
 Visconti, Laurent T; Durango
 VonMinden, Milton C Jr; Colorado Springs
 VonRueden, Robert K; Denver; Littleton
 Vu, Thuan Q; Denver

Waggener, William J; Loveland; Denver
 Wall, Paul M; Colorado Springs
 Wallace, David; Littleton
 Walls, Larry D; Pueblo
 Warkentin, William J; Aurora
 Watt, John E; Greeley
 Wehling, Constance L; Pueblo
 Weiss, Peter; Denver; Englewood
 Weller, William J; Colorado Springs
 West, Norman L; South Fork
 Wheeler, Leonard; Wheat Ridge
 Whitcomb, Harold C Jr; Aspen
 White, Madeline J; Denver
 Whitehead, Stephen B; Boulder
 Wick, James E; Aurora; Denver
 Williams, John F; Arvada
 Williamson, John W; Denver
 Wills, Richard; Littleton; Englewood
 Wilson, Bruce H; Grand Junction
 Wilson, Robert K; Pueblo
 Wong, Bert Y; Colorado Springs
 Wood, Edward H; Colorado Springs
 Wood, Lawrence Gilmore; Littleton; Denver
 Wood, Michael; Pueblo
 Wright, Richard A; Denver

Yaeger, Eric S; Englewood
 Yanover, Melissa J; Lakewood
 Yockey, Raymond L; Greeley
 Young, L David; Colorado Springs
 Yuan, Brad H; Colorado Springs

Zarlengo, Frank N; Denver
 Zawadowski, Raphael J; Pueblo
 Zeitlin, Warren M; Vail
 Zemel, Leonard R; Denver
 Zimik, Luithuk; Brighton
 Zimmerman, Robert L; Colorado Springs
 Zinn, Charles J; Colorado Springs
 Ziporin, Philip; Denver
 Zuckerman, Gerald H; Denver
 Zuckerman, Hyman S; Denver

LARYNGOLOGY

Berlin, Barry P; Littleton

Dragul, Paul H; Denver; Englewood

English, Gerald M; Englewood; Denver

Krekorian, Edmund A; Denver; Aurora

Lipkin, Alan F; Denver; Englewood

LEGAL MEDICINE

Johnson, Roger F; Denver

Plazak, Dean J; Boulder

Steinhardt, Kasiel; Englewood

Winograd, Lawrence A; Denver

MATERNAL & FETAL MEDICINE

Day, L Dorine; Denver

Goodlin, Robert C; Denver

Porreco, Richard P; Denver; Englewood

MAXILLOFACIAL SURGERY

Albin, Richard E; Denver

Bedard, Charles H; Pueblo
 Burrow, Claude H; Boulder

Carris, James V; Colorado Springs
 Cosby, Michael P; Denver; Littleton
 Cramer, Lester M; Colorado Springs

Edgerton, J Craig; Durango

Hartshorn, Denzel F; Grand Junction

Janson, Richard A; Grand Junction

Krekorian, Edmund A; Denver; Aurora

Merkel, William D; Grand Junction

Rodriguez, Jose L; Glenwood Springs

Schmidt, Douglas R; Denver
 Smith, Bruce M; Fort Collins
 Sumners, Thomas C; Denver

Walker, Ian G; Colorado Springs

Zbyski, Joseph R; Denver; Englewood

MEDICAL AUTOMATION

Roney, Patrick J; Englewood; Denver

MEDICAL EDUCATION

Ballinger, Carter M; Denver

Chisholm, R Neil; Denver
 Crouch, Dee B; Boulder

Eickhoff, Theodore C; Denver; Littleton
 Eisele, C Wesley; Englewood

MEDICAL EDUCATION—NEUROLOGY

Harper, Barry K; Fort Collins

Johnson, Marvin E; Carmichael CA
Jones, Rodney H; Lakewood

McDowell, Marion E; Denver
Moran, Patrick G; Grand Junction

MOHS CHEMOSURGERY

Asarch, Richard G; Englewood

Lillis, Patrick J; Loveland

NEONATAL-PERINATAL MED

Nicks, Frank I Jr; Colorado Springs

NEONATOLOGY

Butterfield, L Joseph; Denver

Carson, Bonita S; Denver

Hernandez, Jacinto A; Denver; Englewood

Meredith, Keith S; Colorado Springs

O'Meara, Owen P; Denver; Englewood

Thilo, Elizabeth H; Denver

Winchester, Paul D; Colorado Springs

Zarlengo, Karen M; Denver

NEOPLASTIC DISEASES

Anderson, Paul N; Colorado Springs

Lavrinets, David A; Longmont

McFadden, Donna L; Grand Junction
Moran, Patrick G; Grand Junction

NEPHROLOGY

Anger, Michael S; Thornton; Aurora

Ball, John H; Colorado Springs
Bengfort, John L; Colorado Springs
Brown, Stephen T III; Pueblo

Contiguglia, S Robert; Denver

Dreher, William H; Grand Junction

Gabow, Patricia A; Denver
Garrett, Raymond E; Englewood
Goldberg, Jan Paul; Aurora; Denver

Harrison, Mark N; Boulder
Harvey, Alice; Englewood
Haygood, Thomas A; Fort Collins

Klein, Melvyn H; Denver; Englewood

Kuruwila, K Chakko; Denver; Aurora

McIntyre, Donald O; Lakewood
Miller, Paul D; Lakewood; Wheat Ridge
Mishell, Jeffrey L; Denver

Persoff, Michael; Denver; Aurora
Pluss, Richard G; Denver; Englewood

Rademacher, Donald R; Greeley
Rahman, Syedshah N; Denver

Schrier, Robert W; Denver; Englewood
Simmons, Richard E; Fort Collins

VonMinden, Milton C Jr; Colorado Springs

Wehling, Constance L; Pueblo

Yanover, Melissa J; Lakewood
Yuan, Brad H; Colorado Springs

NEUROLOGICAL SURGERY

Bolles, Gene E; Boulder; Longmont
Branan, Richard C; Englewood
Breeze, Robert E; Denver
Brown, Michael W; Colorado Springs
Bryans, William A; Wheat Ridge; Denver

Clark, Ronald D; Greeley
Craigmile, Thomas K; Denver
Crue, Benjamin L Jr; Durango

Edgar, Robert E; Englewood

Fox, Robert H; Grand Junction
Freed, Charles G; Denver
Friedman, Verner; Denver

Geier, J Michael; Englewood

Hitchcock, Michael H; Englewood

Johnson, Stephen D; Denver; Golden

Krauth, Lee E; Wheat Ridge; Evergreen

Law, Jay D; Englewood
Lillehei, Kevin O; Denver
Lipscomb, William R; Tucson AZ
Litvak, John; Denver

McCleary, Edward L; Denver
McClintock, Homer G; Denver
McNally, Michael J; Colorado Springs
McVicker, John H; Greeley
Miller, Meredith H; Englewood; Littleton
Murphy, Alan R; Colorado Springs

Noblett, Deane L; Colorado Springs
Norrgren, Cynthia L; Englewood

Ogsbury, James S III; Wheat Ridge; Greenwood
Village

Pressley, Richard L; Boulder; Longmont
Presti, Matthew; Colorado Springs

Reilly, Gerald D; Pueblo
Ribovich, Thomas C; Denver

Samuelson, Stephen A; Aurora
Sceats, D James Jr; Colorado Springs
Stecher, Karl Jr; Englewood

Tice, Larry D; Grand Junction
Tuerk, Kenneth; Denver
Turner, Donn M; Fort Collins

Vanderark, Gary D; Englewood; Denver
Vogel, Harold B; Denver

Warson, James S; Fort Collins
Wirt, Timothy C; Fort Collins

NEUROLOGY

Bell, Richard A; Colorado Springs
Bentley, William H; Aurora
Bernstein, Lawrence H; Denver
Bjork, Randall J; Colorado Springs
Botha, Eleanor; Englewood
Burcar, Patricia J; Westminster
Burks, Jack S; Englewood; Aurora
Burnbaum, Mitchell D; Grand Junction
Burnham, Jane A; Denver

Cilo, Mark P; Englewood
Cohen, R Robert; Aurora
Crews, Jerry R; Greeley
Crosby, James A; Thornton
Curiel, Michael P; Fort Collins

D'Arcy, Genet; Boulder
Dean, Joel M; Grand Junction
Duman, Sidney; Denver

Finkel, Richard S; Denver; Golden

Gaddis, Kenneth A; Glenwood Springs
Garmany, George P Jr; Boulder
Gibson, J Bradley; Colorado Springs
Gilman, Neal J; Grand Junction
Ginsburg, Stanley H; Denver
Glatz, Duane J; Englewood; Denver
Gross, Karl F; Aurora

Hammerberg, Eric K; Denver
Happer, Ian M; Denver
Hasan, Malik M; Pueblo
Herrera, William G; Englewood; Golden
Holt, G Waltermann; Bow Mar

Kelly, James P; Denver
Kenny, Catherine E; Colorado Springs
Klapper, Jack A; Denver

Lasater, Gene M; Englewood
Levisohn, Paul M; Denver
London, Scott F; Denver

Machanic, Bennett I; Denver
Madison, David S; Englewood; Denver
Markey, Joseph W; Boulder
Mauk, Joyce E; Denver

Mays, James M; Fort Collins
McGroarty, Saralee R; Longmont; Boulder
Miller, Bradford R; Aurora
Mott, John M; Fort Collins
Murray, Ronald S; Englewood
Myers, John A; Aurora; Englewood

Nay, Leston B; Littleton; Denver
Newsom, Marilyn M; Boulder

Oliveira, Mario M; Colorado Springs

Parry, Lynn; Lakewood; Littleton
Peters, Bruce H; Colorado Springs

Quintero, Peter S; Denver

Rawat, Sumant; Pueblo
Ryals, Jarvis D; Pueblo
Ryan, Donald W; Lakewood

Scaer, Robert C; Boulder
Seybold, William R; Colorado Springs
Smith, Don B; Englewood; Denver
Smith, Richard H; Denver
Soffer, Patricia G; Denver
Sternberg, Patrick E; Boulder
Strauss, Stanley G; Westminster

Thulin, Barbara W; Englewood
Treichart, Marc M; Denver

Vaughan, Judith B; Greeley

Woodward, John B; Wheat Ridge
Wright, Roy R; Englewood

Yarnell, Philip R; Denver; Englewood

Zimmer, Alexander H; Aurora; Denver

NEUROPATHOLOGY

Carver, Robert K; Englewood; Aurora

NUCLEAR MEDICINE

Burdick, Duncan C; Colorado Springs

Ewing, Wyman F; Pueblo

Fink, Donald W; Denver; Englewood

Gerhold, John P; Denver; Englewood

Klingensmith, William C; Denver; Englewood

Manier, Stephen M; Aurora
Miller, Wayne A; Denver; Evergreen

Orzel, Joseph A; Denver; Littleton

Roller, Lothar K; Canon City

Wenzel, Wayne W; Denver
Wilson, James P; Denver; Aurora

NUCLEAR RADIOLOGY

Ain, Jonathan D; Aurora; Englewood

Bardin, Billy J; Durango

Cornforth, Donald E; Loveland

Luttenegger, Thomas J; Fort Collins

Miller, Wayne A; Denver; Evergreen

Partington, Cyrus W; Fort Carson; Colorado Springs

Stavros, A Thomas; Englewood
Sutherland, Jerome D; Englewood; Denver

Ward, Bruce A; Grand Junction

NUTRITION

McDowell, Marion E; Denver

O'Neill, John J; Fort Collins
Ogden, McAlpine P; Boulder

OB & GYNECOLOGY

Abbot, Stewart M; Greeley
Abman, Carolyn F; Littleton; Denver
Albrecht, Bruce H; Denver
Allen, Neil H; Greeley
Anderson, W Richard; Sterling
Angello, Anthony L; Denver; Englewood
Appel, Theodore B; Boulder
Aptekar, Donald W; Denver
August, Neil; Denver
Austin, Daniel C; Boulder

Bachus, Nelson E; Fort Collins
Bartlett, Max D; Denver
Bell, John D; Denver; Englewood
Bennett, Dana R; Pueblo
Berger, Elwin; Denver; Englewood
Berman, Michael L; Colorado Springs
Bernhardt, Richard N; Denver; Littleton
Bernstein, Leonard D; Thornton
Besch, Nicholas J Jr; Arvada
Birner, W Frederic; Pueblo
Bjork, Floyd J; Golden
Blake, Clyde D; Colorado Springs
Boelter, William C II; Greeley
Brandstetter, Greta K; Thornton
Brelje, Mabel C; Lakewood
Bristow, John W; Colorado Springs
Brown, Frederick B; Colorado Springs
Brown, Patricia S; Littleton; Denver
Brusenhan, J Richard; Colorado Springs
Burke, James M; Aspen; Snowmass Village
Burke, M Shannon; Denver; Littleton
Burket, Charles R; Greeley

Campbell, W MacRae; Pueblo
Carson, John D; Longmont
Carter, Susan D; Greeley
Caskey, Jack B Jr; Aspen
Castellano, Stephen A; Denver

Cedars, Leonard A; Littleton; Englewood
Chatfield, John N Jr; Colorado Springs
Chisholm, John W; Denver
Choi, Susanna S; Lakewood
Chow, Franklin S; Vail; Eagle-Vail
Christensen, Carole; Boulder
Cloyd, David G; Fort Collins
Cohen, Harvey M; Denver; Englewood
Colberg, Craig S; Longmont
Cole, Norman G Jr; Colorado Springs
Conner, Wayne L; Denver; Lakewood
Cooper, Theodore A; Denver
Cort, Matthew B; Aurora; Denver
Crawford, Gayle P; Arvada; Littleton
Crouch, W B; Colorado Springs
Cullum, Lawrence M; Durango
Custodio, Joseph M; Colorado Springs

Dafoe, Charles A; Denver
Day, L Dorine; Denver
Deal, Terry D; Colorado Springs; Monument
Delaney, James J Jr; Aurora; Denver
Dix, Corinne R; Denver
Donnelley, Beverly E; Fort Collins
Doyle, Sally E; Colorado Springs
Duerksen, Edward C; Denver

Eicher, Danny J; Denver
Emeis, William E; Colorado Springs
Engel, Tibor; Denver
Erickson, Ty B; Arvada; Highlands Ranch
Evans, Clayton A; Boulder

Farinholt, Jon W; Aurora; Englewood
Fay, Linda; Alamosa
Ford, Jack; Colorado Springs
Foulk, Arnold R Jr; Greeley
Foust, Glenn T III; Denver
Freedman, Walter L; Denver
Frost, Anthony; Englewood
Fuller, William E; Denver

Garner, Frank L; Denver
Gartner, Charles H; Denver
Germer, Nancy J; Lakewood; Englewood
Giaratana, Charles E; Denver
Gibbons, Ralph W; Aurora
Gibbs, Charles P; Denver; Englewood
Giesner, Gretchen F; Littleton
Goodlin, Robert C; Denver
Goodman, Reid A; Denver; Englewood
Gore, Robert B; Denver
Gottesfeld, Ray L; Denver
Gottesfeld, Stuart A; Denver
Gramowski, Thomas W; Denver; Lakewood
Greiner, David J; Colorado Springs
Griffith, Dillard R; Colorado Springs
Griffith, William F III; Aurora
Grossman, Richard A; Durango
Gussman, Debra; Denver

Hackett, Robert D; Grand Junction
Halgrimson, Michael J; Lakewood
Hall, Michael L; Denver
Hanley, Richard G; Montrose
Harling, Mallory T; Fort Collins
Harris, David W; Aurora; Englewood
Harris, Lowell N; Wheat Ridge; Lakewood

OB & GYNCOLOGY—OCCUPATIONAL MEDICINE

Harrison, Kenneth D; Colorado Springs
Harman, James F; Denver
Harvey, Duval E; Denver
Harvey, Richard L; Aurora
Hauck, Margaret E; Denver; Boulder
Heavrin, John S; Lakewood; Littleton
Henry, Raymond W; Denver
Herndon, Cynthia G; Denver
Hill, McArthur O; Wheat Ridge
Hiratzka, Paul S; Greeley
Hoffmann, Mark F; Fort Collins
Hogenkamp, Jon M; Pueblo
Hulet, Brett L; Pueblo
Hurley, Grant W; Pueblo
Hutto, John M; Wheat Ridge; Lakewood

Illige-Saucier, Martha; Denver
Imig, John R; Boulder
Irvin, Lewis A; Grand Junction
Iskander, Laurice; Aurora; Littleton

Jacobs, Herbert L; Westminster; Denver
James, Warren K; Fort Collins
Jeffrey, Ransy L; Fort Collins
Johnson, Robert W; Aurora
Jones, Paul B; Grand Junction

Kaniuk, Marlene F; Boulder
Keeler, F Brent; Aurora
Kerr, Richard K; Mesa AZ
Kieft, Larry D; Fort Collins
Kirkpatrick, Douglas H; Denver; Englewood
Kirschman, Edward; Aurora; Englewood
Kiser, Rick E; Greeley
Kolberg, Bruce H; Englewood
Kolrud, Bonita L; Westminster
Konigsberg, Robert A; Arvada; Littleton
Kopelman, J Joshua; Aurora
Kozloff, Stephen R; Greeley

Lamb, Rodney L; Englewood
Lee, William H; Littleton; Castle Rock
Leistikow, David C; Broomfield
Lennon, Kelly M; Littleton
Lerch, Andrea M; Colorado Springs
Linder, Robert O; Aurora
Lingle, James R; Englewood
Little, Kenneth R; Colorado Springs
Ljunghag, Susan E; Englewood
Losasso, Leonard J; Aurora; Englewood
Ludwin, Gary A; Fort Collins
Lugenbill, Cheryl A; Fort Collins

MacFarlan, Sherburne M; Boulder
MacSalka, Mary A; Boulder
MacSalka, Robert E; Boulder
Manfre, Kenneth; Aurora; Englewood
Martin, Cynthia L; Littleton
Mason, Ronal B; Glenwood Springs
Matheson, George W; Colorado Springs
McBurney, James W; Pueblo; Sun City West AZ
McCauley, John R; Longmont
McCreedy, Philip A; Wheat Ridge
McFee, John G; Denver
McKinney, Gary E; Canon City
McLauchlan, Lois; Littleton; Denver
Meacham, Stephen R; Grand Junction
Meals, Samuel A; Denver

Meeuwssen, James W; Pueblo
Mehta, Pushpa S; Aurora; Englewood
Melmed, M Herzl; Englewood
Menconi, Lawrence R; Westminster; Denver
Mestas, T Robert; Denver; Highlands Ranch
Michailov, Dimitir V; Pueblo
Michelson, Abraham K; Aurora; Englewood
Miles, Norman A; Louisville
Miller, Burdette L; Estes Park
Milligan, Gatewood C; Englewood
Minton, Douglas G; Wheat Ridge
Moffatt, Thomas W; Littleton; Lakewood
Moison, Susan A; Denver
Morgan, Alethia E; Pueblo
Mufic, Michael; Denver
Murahata, Sue A; Denver
Muth, John B; Colorado Springs
Myers, James M; Colorado Springs

Nicks, Frank I Jr; Colorado Springs
Nieland, Leo J; Denver
Norfleet, Larry B; Colorado Springs
Nowick, Martin E; Aurora; Englewood

O'Donnell, James A; Glenwood Springs
O'Loughlin, Edward P; Denver; Aurora
O'Neal, Jean P; Greeley

Panter, Nancy L; Lakewood; Denver
Pfenninger, Mark Wm; Wheat Ridge; Evergreen
Porter, Bruce M; Windsor

Rapaport, Alan M; Denver; Aurora
Reitinger, Russell G; Longmont
Ricca, David A; Highlands Ranch
Rifkin, Ira; Lakewood; Littleton
Ross, Michael H; Arvada; Golden
Roukema, James E; Pueblo
Rowley, Mark C; Denver
Rowley, Raymond D; Pueblo
Rubinow, Sidney D; Colorado Springs
Rudd-McCoy, Nancy A; Littleton; Englewood
Ruderman, Jerome H; Denver
Russell, Asela C; Aurora; Denver

Saunders, Daniel T; Arvada; Golden
Saunders, Mark O; Aurora; Denver
Schmidt, Philip M; Colorado Springs
Schonebaum, Robert M; Englewood
Schoolcraft, William B; Englewood
Sherman, Joseph M; Berwick PA
Sherwood, Clifford; Colorado Springs
Silver, Gordon S; Colorado Springs
Skiles, Trudy A; Colorado Springs
Snyder, Murray M; Arvada; Denver
Stallworth, John C; Littleton; Englewood
Stanton, Robert P; Northglenn; Denver
Stark, Craig F; Denver; Englewood
Stewart, Stephen K; Longmont
Stokes, Elizabeth Y; Denver
Stoll, Stephen L; Greenwood Village; Denver
Stone, Dianne C; Denver
Summerson, Donald J; Greeley
Swanson, Michael S; Englewood; Highlands Ranch
Swartz, Carl W Jr; Pueblo
Sweeney, Richard; Littleton; Highlands Ranch
Sweeney, Thomas I; Wheat Ridge

Thayer, David O; Boulder
Thompson, Horace E; Denver
Thorne, John L; Lakewood
Tomlin, Donald D; Steamboat Springs
Tonsing, Sara M; Pueblo
Tucker, Warren W; Denver
Tuxworth, Frank E; Colorado Springs

Vargas, Peter A; Denver

Waldbaum, Arthur S; Denver
Waldron, Carla C; Pueblo
Walker, Louise D Converse; Denver
Wall, Robert E; Denver
Warren, Darrell R; Aurora; Englewood
Watson, David L; Westminster; Aurora
Weisbrod, Dennis M; Denver; Englewood
Wester, Robert J; Denver
Wilson, Brian R; Littleton
Wolf, Mark R; Littleton
Wolfson, Robert N; Colorado Springs
Woodard, Don E; Englewood; Denver

Yasuzawa, S Steve; Aurora; Englewood
Yavorski, Sarah S; Westminster; Aurora
Young, John R; Denver

Zacher, Eustice; Pueblo
Zarlengo, Gerald V; Denver
Zen, Calvin T F; Longmont

OBSTETRICS

Bernstein, Leonard D; Thornton

Carpenter, Julie; Boulder

Kiovsky, Richard D; Aurora

O'Neill, John J; Fort Collins

Porreco, Richard P; Denver; Englewood

Ramos, Michael A; Pueblo

Thomas, H Dale; La Jara
Trousedale, William E; Colorado Springs

Utt, J Dale; Grand Junction

OCCUPATIONAL MEDICINE

Allen, Thomas J; Loveland
Amoroso, Christian R; Windsor; Longmont
Appelbaum, Jerry J; Denver

Baumgardner, Jan F; Boulder
Becky, Joseph R; Denver
Berns, Barry R; Fort Collins
Bernton, J Tashof; Denver
Bissell, John; Denver
Bock, George W; Craig
Bond, Marcus B; Golden
Burgess, Alan W; Denver; Englewood

Campbell, Velma L; Denver

DiAsio, Richard A; Colorado Springs

Eaton, Wyley E; Golden

Furman, Joseph; Golden; Lakewood

Greenberg, David C; Denver
Greenheck, Robert R; Denver; Aurora
Groves, Fred B; Greeley

Hamilton, Robert S; Colorado Springs; Wetmore
Hawlick, Garfield F; Lincoln NE
Hughes, John S; Englewood; Littleton

Kendall, Wayne F Jr; Colorado Springs; Monument
Kluck, Clarence J; Englewood
Koepke, Jerald W; Denver; Littleton
Kornberg, James P; Boulder
Krieger, Gary R; Denver; Boulder

Loeppke, Ronald R; Greeley
Lovejoy, Brent V; Denver

Newman, Lee S; Denver

O'Brian, Charles R; Denver

Schmeh, Carl A; Greeley
Schneidewind, Barry S; Denver
Simerville, James J; Colorado Springs
Slagle, DeRoy W H; Pasadena CA
Smith, Loyd L; Pueblo
Starkey, Gerald H Jr; Aurora; Englewood
Stelle, Robert E; Colorado City
Striplin, Michael R; Boulder
Sullivan, Terrance J; Denver
Swarsen, Ronald J; Denver

Truitt, William R; Colorado Springs

Waite, H Dennis; Denver; Littleton
Wexler, Ralph M; Denver
Wright, W Lloyd; Arvada

Zarlengo, Roland J; Denver

ONCOLOGY

Anderson, Paul N; Colorado Springs

Bakemeier, Richard F; Denver
Balizet, Louis B; Pueblo
Berris, Robert F; Denver
Booth, Richard R; Fort Collins
Bourg, Wilson C III; Lakewood
Bull, Malcolm I; Grand Junction

Caskey, Jennifer H; Wheat Ridge
Curfman, George H Jr; Denver

Daneshbod-Skibba, Ghodsi; Arvada
DiBella, Nicholas J; Aurora; Parker

Fangman, Michael P; Fort Collins
Fink, Kyle M; Denver
Fisher, Thomas C; Fort Collins
Fleagle, John T; Boulder

Gerner, Robert E; Vail
Gray, Jan L; Lakewood; Golden

Headley, David L; Colorado Springs
Heller, Henry M; Durango
Huffman, David H; Colorado Springs

Kovachy, Robin J; Englewood; Aurora
Kramish, David; Denver

Lim, Meng Lai; Greeley
Lininger, Thomas R; Greeley
Link, David B; Littleton

Major, Francis J; Denver; Englewood
Martz, David C; Colorado Springs
Matchett, Kenneth M Jr; Grand Junction
McMahon, Richard T; Denver
Moore, George E; Denver; Conifer
Moran, Patrick L; Boulder

Napoli, J Nicholas; Lakewood
Nelson, William R; Denver

Otsuka, Alvin L; Denver

Pajon, Eduardo R Jr; Aurora; Parker
Phillips, George L Jr; Denver, Elizabeth

Richardson, David L; Denver
Rubinowitz, Martin J; Denver

Sayre, Robert L; Colorado Springs
Schafer, Larry A; Wheat Ridge; Arvada
Schneider, Michael J; Denver; Englewood
Sedlacek, Scot M; Denver; Golden
Settipani, Frank L; Pueblo
Sikand, Gita S; Denver; Englewood
Sitarik, Mark A; Boulder
Stone, Michael D; Greeley

Tolley, Russell C; Denver
Trevarthen, David R; Denver
Tubergen, David G; Denver

White, Madeline J; Denver

Zinn, Charles J; Colorado Springs

OPHTHALMOLOGY

Adams, John C; Greeley
Anderson, W Dale; Colorado Springs
Arnold, Charles O II; Denver

Barchiesi, Barbara J; Denver
Barmatz, Hirsh E; Denver; Aurora
Barnacle, John C; Westminster; Denver
Baron, J Gregory; Colorado Springs
Baronberg, Neiel D; Lakewood; Denver
Beaver, William C; Grand Junction
Berg, Allan W; Littleton
Boehlke, Russell R; Fort Collins
Brady, Kevin D; Denver
Brechnner, Ross J; Evergreen
Brown, Samuel H; Colorado Springs
Buchanan, William S; Sterling
Burcham, James R; Aurora; Littleton

Bush, Jerry O; Grand Junction

Campbell, Bernard E; Lakewood; Denver
Campbell, Dorothy C; Lakewood
Campbell, Douglas M; Lakewood; Denver
Campbell, Thomas P; Wheat Ridge; Denver
Cannavo, Laura A; Denver; Englewood
Carter, Douglas B; Greeley
Cerasoli, James R; Denver; Littleton
Childers, Stanley G; Pueblo
Chittum, Mark E; Colorado Springs
Cole, Nicholas G; Montrose
Condit, Randall S; Denver
Conrad, William C; Boulder
Cowen, Homer C; Denver

Dardis, Walter T; Pueblo
Dishler, Jon G; Englewood
Dougherty, Marilyn A; Boulder
Dumler, Larry J; Boulder
Duncan, Lester S; Grand Junction

Edwards, John E; Denver
Eisenbaum, Allan M; Aurora
Elliff, John E; Sterling

Fixott, Richard S; Colorado Springs
Foe, Elaine V; Greeley
Foerster, Robert J; Colorado Springs
Fonken, H A; Fort Collins
Forstot, S Lance; Littleton; Denver
Fowler, James B; Pueblo

Gardner, Robert C; Colorado Springs
Gentry, James H; Denver; Englewood
Gibson, Richard W; Boulder
Giltner, James B; Denver
Goldstein, Joel H; Denver; Englewood
Greenlee, Lynn F; Canon City
Greenlee, Max R Sr; Boulder

Hammond, Richard O; Fort Collins
Haney, Lawrence O; Colorado Springs
Hanna, Robert S; Grand Junction
Hardy, Ronald G Jr; Denver
Hartzler, Janet K; Lakewood
Hausmann, Gertrude S; Denver
Heiss, Robert E; Denver; Littleton
Hersey, James Merrill; Golden
Hesterberg, Raymond C Jr; Aurora
Hines, William L; Denver
Hix, Ivan E Jr; Wheat Ridge; Golden
Hopkins, William G; Pueblo
Hovland, Kenneth R; Denver
Hoyle, Thomas C III; Colorado Springs
Humphreys, John A; Denver; Englewood

Iwakiri, John; Arvada; Lakewood

Jackson, William E; Denver
James, Brien P; Englewood
Jepson, Christian N; Colorado Springs
Johnson, David W; Denver
Jorgensen, Roger L; Longmont

Kadler, Karen M; Denver; Golden
Kaplan, Max; Denver
Kauvar, Kenneth B; Denver

Keals, William K; Denver
Kellum, Donald L; Boulder
Kesselman, Stephen E; Aurora
King, Robert A; Littleton
Kirk, John D; Denver
Kreider, Larry W; Golden; Arvada
Krichbaum, Franklin M; Lakewood
Kubitschek, William R; Mesa AZ
Kuhlman, William K; Colorado Springs

Larkin, Thomas P; Denver; Englewood
Leight, Harold C; Denver
Lepisto, Carl A; Grand Junction

Marcotte, Dale D; Boulder
Maxwell, James C; Denver; Littleton
McInnis, Timothy J; Denver
McMahon, Charles D; Colorado Springs
Meltzer, Gerald E; Denver; Englewood
Moo-Young, George A; Denver
Moorman, Lemuel T; Denver; Aurora
Muir, Bennett W; Parker

Nofsinger, Kenton D; Aurora; Englewood
Norris, Andrew M; Fort Collins

O'Connor, J William; Lakewood; Englewood
Olijnyk, Irene; Longmont
Olsen, Gerald M; Fort Collins

Page, Donald F; Canon City
Panter, Edward G; Denver
Panter, Kent W; Denver
Pardos, George J; Denver
Perreten, Frank A; Denver
Peterson, Harold R; Littleton
Petty, Stephen T; Denver
Ploff, David S; Denver
Phelps, Herschel R; Loveland; Greeley
Podgorski, Steven F; Englewood; Littleton
Post, Lawrence T; Craig; Hamilton
Powers, Douglas K; Longmont; Platteville

Ramey, Ralph Jr; Colorado Springs
Rice, Lee E; Boulder
Rider, Mitchell B; Denver
Roberts, Alfred D; Golden; Evergreen
Roberts, William A; Boulder
Rottman, Randy J; Grand Junction
Rusk, Harvey S; Pueblo

Sampson, John J; Colorado Springs
Santoro, John A Jr; Thornton; Broomfield
Sargent, Robert A; Littleton; Englewood
Schlomer, Donald; Pueblo
Self, William G Jr; Westminster; Denver
Shachtman, William A; Fort Collins
Shwayder, Montimore C; Denver
Simons, Herbert J; Denver
Skeehan, Raymond A Jr; Denver
Smith, William E; Denver; Lakewood
Snyder, Charles E; Pueblo
Snyder, Michael E; Denver
Starr, Arthur G; Denver
Stevens, William W III; Fort Collins
Stofac, Robert L; Golden; Lakewood
Story, Paul G; Montrose
Swets, Edward J; Denver

Tarkanian, Malcolm A; Arvada
Thatcher, D B; Colorado Springs
Thompson, Rollin L; Denver; Englewood
Thornton, William R; Fort Collins
Tonne, Jay C; Pueblo
Tripp, Warren I; Boulder; Louisville

Underwood, Larry D; Wheat Ridge; Arvada

Vanderhoof, Richard C; Colorado Springs

Wagner, R Paul; Alamosa
Wainwright, Neil D; Pueblo
Weber, Mark W; Salida
Weeks, Jeffrey B; Greeley
Weitzenkorn, Dan E; Glenwood Springs
Welch, John R; Greeley
Weltman, Delbert M; Denver; Lakewood
Wetzig, Carl K; Colorado Springs
Wetzig, Paul C; Colorado Springs
Wetzig, Richard P; Colorado Springs
Whalen, William R; Denver; Littleton
Whistler, Carl W; Denver
Whitehurst, Fred O; Durango
Widney, Sam E; Greeley
Wiesner, Paul D; Montrose
Wiggs, Eugene O; Denver
Williams, John M Sr; Longmont
Wills, Theodore E; Greeley
Wilson, W Bruce; Denver; Littleton
Winograd, Lawrence A; Denver
Woodward, James M; Denver; Englewood

Zopf, Delvin L; Golden

ORTHOPEDIC SURGERY

Adler, Kenneth G; Wheat Ridge; Lakewood
Ahnfeldt, Arnold L; Colorado Springs
Anderson, Gilbert I; Greeley
Anderson, Martin E; Denver
Arnold, Hendrick J III; Colorado Springs

Bachman, David C; Ouray; Ridgway
Barnard, Michael D; Canon City
Berk, Leonard E; Denver
Berkeley, Michael E; Aspen; Glenwood Springs
Bess, Robert J; Englewood; Castle Rock
Bigelow, Eugene V; Denver
Bosley, Rex C; Boulder
Bowen, G Scott; Steamboat Springs
Britton, James A; Longmont
Brown, Charles W; Denver; Englewood
Brown, Courtney W; Lakewood
Brugioni, Daniel J; Aurora
Brumfield, Robert A; Colorado Springs
Bussey, Randy M; Greeley

Carlton, Robert E; Colorado Springs
Cavanaugh, Kenneth J; Longmont
Ceriani, Philip D; Longmont
Chang, Franklin M; Denver; Littleton
Chapel, Harold L; Brush; Sterling
Chimento, James J; Pueblo
Chipman, Leon D; Vail; Avon
Ciccone, William J; Colorado Springs
Clayton, Mack L; Denver

Cletcher, John O Jr; Longmont
Cline, Donald W; Salida
Copeland, M Larry; Grand Junction
Cotton, Ralph L; Wheat Ridge; Denver
Coville, Frederick V; Englewood
Cox, W William A; Denver
Crane, Hal S; Denver
Crosson, David L; Pueblo
Cunningham, R Ray; Jackson WY
Curran, Thomas E; Aurora

Danylchuk, Kenneth D; Pueblo
Darrah, Thomas J; Longmont
Davis, I Stephen; Lakewood; Denver
Davis, John K III; Denver
Dennis, Douglas A; Denver
Derkash, Robert S; Glenwood Springs
Deverell, William F; Colorado Springs
Dewell, Larry M; Colorado Springs
Dinenberg, Stephen; Lakewood
Donaldson, David H; Lakewood; Golden
Dorr, Eugene A; Lakewood; Littleton
Drabing, John H; Colorado Springs
Duncan, Kenneth H; Fort Collins

Eckhoff, Donald G; Denver
Eilert, Robert E; Denver; Littleton
Evans, Bruce G; Colorado Springs
Evans, Richard P; Denver
Evenson, E Harold; Wheat Ridge; Golden

Fawcett, Ronald A; Grand Junction; Fruita
Feiler, Frederic C; Colorado Springs
Feric, Donald C; Denver
Ferris, William D; Boulder
Fisher, David P; Grand Junction
Fitzgerald, Edward M; Colorado Springs
Fleming, Thomas C; Cortez; Telluride
Foster, Robert J; Colorado Springs
Fralick, E Howard; Denver
Franz, Elmer M; Denver
Freeman, John R; Aspen
Friermood, Tom G; Lakewood; Golden
Frost, Harold M Jr; Pueblo
Furry, Dean L; Durango

Gamble, William E; Denver; Littleton
Gazibara, Donald P; Colorado Springs
Gehret, Peter; Aurora; Englewood
Gigliotti, Lawrence G; Colorado Springs
Glancy, Gerard L; Denver; Aurora
Glassburn, Alba R Jr; Denver
Goldberg, Bertram; Englewood
Gottlieb, John E; Vail
Grant, Lee B Jr; Fort Collins
Greenberg, David C; Denver
Greenberg, Roger; Denver
Grossnickle, Mark D; Greeley
Gurley, William D; Denver

Hajek, Michael R; Greeley
Hall, Oliver E K; Grand Junction
Hall, Robert F; Grand Junction
Hamill, Richard G; Pueblo
Hamlin, Charles; Denver
Hansen, Daniel G; Boulder
Hanson, Charles A; Pueblo; Beulah
Hayhurst, Dale W; Pueblo

Heller, Arnold; Denver
Heller, Arthur P; Englewood
Herrington, Alan G; Pueblo
Hess, Gary W; Denver; Englewood
Hillmer, Barry; Durango
Hirose, Hideo; Wheat Ridge; Golden
Hofmann, Rudolf A; La Junta
Holt, Charles J; Aurora; Englewood
Holtgrewe, Jeffrey L; Denver
Horstman, James K; Fort Collins
Howard, Earle T; Loveland
Howard, K Mason Jr; Englewood; Littleton
Hunter, Brett P; Greeley
Hunter, Robert E; Aspen

Janes, Peter C; Vail; Avon
Jenkins, Raeburn M; Lakewood; Evergreen
Johnson, Bernarr B; Carbondale
Johnson, Robert V; Fort Collins
Johnson, William M; Boulder
Jonassen, Edward A; Denver
Judson, James N; Alamosa

Kaiser, Dale C; Fort Collins
Keener, William H; Denver
Kelley, Ralph L; Pueblo
Kem, M Richard; Englewood
Kemme, Richard J; Greeley
Kemp, John E; Denver; Highlands Ranch
Knapp, H G Robert; Boulder
Knauer, Sally A; Fort Collins
Knockendoffel, Richard A; Grand Junction
Krauser, William J; Durango
Kruse, Robert L; Englewood
Kurica, Kenneth B; Colorado Springs

Larson, Wallace K; Colorado Springs
Leidholt, John D; Denver
Leo, Jan E; Denver
Lindberg, James P; Denver; Golden
Lindenbaum, Barry L; Aurora; Englewood
Lindenbaum, Stephen D; Aurora; Englewood
Lindquist, Timothy C; Greeley
Loeffler, Robert D; Denver
Lotman, Alfred C; Denver
Lowe, Thomas G; Wheat Ridge; Lakewood
Lowe, Walter R; Steamboat Springs

Mack, Robert P; Denver
Magill, Charles D; Englewood
Magsamen, B F; Fort Collins
Mahony, Thomas H III; Colorado Springs
Mangione, William J; Aurora; Denver
Maruyama, Herbert H; Lakewood
Matthews, David S; Colorado Springs
Maxwell, George S; Longmont
Mayer, David M; Grand Junction
McCarthy, Thomas T; Colorado Springs
McCreedy, Gordon J; Wheat Ridge; Lakewood
McElhinney, James P; Denver
Menter, Robert R; Englewood
Merkert, George L Jr; Colorado Springs
Messenbaugh, Robert L; Wheat Ridge; Denver
Messner, Duane G; Lakewood
Messner, Milo L; Colorado Springs
Meyers, J Kim; Gunnison
Mitchell, Orderia F; Colorado Springs
Muffly, James T; Englewood

Murray, Douglas M; Fort Collins
Myers, Steven R; Colorado Springs

Nakano, Jeffrey M; Grand Junction
Nauts, Ruth B; Aurora; Littleton
Nygaard, Airell L; Denver

O'Donnell, James J; Colorado Springs
Ochsner, Ronald C; Englewood; Littleton
Oden, Robert R; Aspen
Odom, John A Jr; Lakewood; Wheat Ridge
Oster, Lewis H Jr; Denver

Parkhurst, Aaron E; Greeley
Patterson, William R; Grand Junction
Pemberton, James P; Pueblo
Pflum, Eugene W; Pueblo
Phelps, Dennis A; Colorado Springs
Pinson, Ronald C; Grand Junction
Pise, Gerald J; Colorado Springs
Pohlman, Floyd H; Sterling
Powers, Robert C; Englewood; Denver
Purnell, Mark L; Aspen

Rainey, Rhett K; Colorado Springs
Rector, James B; Boulder; Longmont
Rees, James M; Colorado Springs
Reiss, Brian E H; Denver; Littleton
Richards, Anthony; Grand Junction
Robinson, Walter G Jr; Wheat Ridge
Roger, Sheldon; Denver; Englewood
Rokicki, Robert R; Aurora
Rome, Clifford J; Greeley
Roter, David L; Boulder
Rowland, Charles F; Lakewood
Rupp, Gerald R; Longmont

Schoo, Michael J; Montrose
Schuler, Willard D; Thornton; Westminster
Schultz, R J Black; Pueblo
Schutt, Robert C Jr; Colorado Springs
Scott, Francis A; Denver; Englewood
Scott, Gary A; Durango
Sherbok, Bernard C; Denver
Shroyer, Joseph M; Pueblo
Sillix, Patrick A; Grand Junction
Smith, John P; Arvada; Golden
Sobel, Roger M; Fort Collins
Stabel, David E; Thornton; Westminster
Stahl, Eric J; Lakewood; Golden
Stedman, Wilfred D; Sarasota FL
Steinhardt, Kasiel; Englewood
Straehley, Douglas J; Wheat Ridge; Arvada
Strasburger, Arthur K; Littleton; Englewood
Stringer, Theodore L; Colorado Springs
Sudan, A Chester Jr; Englewood; Denver
Susman, Morris H; Denver

Talbot, Richard D; Denver
Tartaglia, Louis Jr; Loveland
Taylor, Richard C; Littleton; Parker
Teal, Frederick F III; Denver
Thomas, Herbert J III; Lakewood; Denver
Thulin, William J; Englewood
Traina, Steven M; Denver
Tramutt, H Michael; Westminster; Arvada

Urban, James G; Aurora; Greenwood Village

Vandenberg, Joseph P; Boulder
Varner, Lawrence N; Aurora; Englewood
VonRueden, Kurt W; Wheat Ridge
Vostinak, William J; Westminster

Waldron, C Milton; Colorado Springs
Waldrop, William L; Grand Junction
Walker, Ronald E; Colorado Springs
Walker, Sidney C; Glenwood Springs
Waller, John A; Arvada
Weaver, James K; Glenwood Springs
Weinerman, Stewart K; Aurora; Englewood
Weingarten, Peter L; Aurora; Englewood
Wells, G Gray; Englewood
Wiedel, Jerome D; Denver
Wilkins, Ross M; Denver; Golden
Williams, William J; Boulder
Wilson, Christopher S; Wheat Ridge; Highlands Ranch
Winkler, Louis H; Montrose
Wintory, Terry; Aurora
Wong, David A; Denver
Woods, Michael W; Greeley

Yamamoto, Francis K; Denver
Yocum, Harold A; Denver; Golden
Young, Robert S Sr; Rancho Mirage CA
Young, Robert S II; Pueblo

OTOLOGY

Arenberg, I Kaufman; Englewood

Berlin, Barry P; Littleton

Carris, James V; Colorado Springs
Conlon, Robert M; Fort Collins

Demshki, Andrew E Jr; Pueblo
Dragul, Paul H; Denver; Englewood

English, Gerald M; Englewood; Denver

Goin, Donald W; Denver

Jones, Roy W; Denver

Lipkin, Alan F; Denver; Englewood

Smith, Bruce M; Fort Collins

OTORHINOLARYNGOLOGY

Arenberg, I Kaufman; Englewood

Barcz, Dennis V; Arvada
Bedard, Charles H; Pueblo
Berlin, Barry P; Littleton
Birney, Janice L; Littleton; Golden
Blair, James R; Denver
Blattner, Robert Elliott; Greeley
Broadway, David R; Englewood
Burgert, Paul H; Glenwood Springs

Capoot, Gerald D Jr; Denver; Englewood
Carnel, Shirley B; Colorado Springs

Carr, Alfred N; Longmont
Carr, H Patrick; Aurora
Carris, James V; Colorado Springs
Carter, Donald R; Englewood; Denver
Cate, James R; Englewood; Littleton
Childers, Marvin A III; Loveland
Cichon, J Valentine; Pueblo
Conlon, Robert M; Fort Collins
Cook, Roger P; Fort Collins
Cundy, Richard L; Denver

Dart, Douglas J; Boulder
Demos, George T; Aurora
Demshki, Andrew E Jr; Pueblo
Dennington, Michael L; Aurora; Denver

Edgerton, J Craig; Durango
English, Gerald M; Englewood; Denver
Ernster, Joel A; Colorado Springs

Fieman, Robert J; Denver
Fieman, Sidney H; Denver
Foti, Dominic Jr; Colorado Springs

Gabelman, Omer P; Grand Junction; Kennewick
WA

Hartshorn, Denzel F; Grand Junction
Hobbs, Jan D; Montrose
Hogle, Gregory A; Denver
Hohengarten, John H; Colorado Springs
Howe, Clifford S; Pueblo

Jaskunas, James M; Denver; Aurora
Jones, Roy W; Denver

Kendall, Ralph T; Colorado Springs
Kinzler, Dale L; Arvada
Krekorian, Edmund A; Denver; Aurora
Kreutzer, Erik W; Lakewood; Denver

Laforce, Richard F; Sterling
Lanier, Dennis M; Denver
Lawrence, Richard A; Pueblo
Lepore, Michael L; Aurora; Denver
Lillydahl, William C; Boulder
Lipkin, Alan F; Denver; Englewood

Manhart, Harold E; Montrose
Marbry, George W; Boulder
McCarty, William K; Colorado Springs; Manitou
Springs
Miller, Roger W; Pueblo
Modlin, Richard A; Colorado Springs
Murphy, Daniel S; Denver

Olson, Neiland R; Colorado Springs

Padnos, Richard E; Boulder
Peterson, James H; Greeley
Peterson, Keith E; Greeley
Pruitt, J C; Colorado Springs

Ranzenberger, Steven S; Colorado Springs
Rasband, Rick W; Aurora
Romett, J Lewis; Colorado Springs
Rusk, Harvey S; Pueblo

Schalor, Richard E; Englewood
Schilling, Donald H; Boulder
Silveira, M Beatriz; Aurora
Smith, Brent J; Denver; Englewood
Smith, Bruce M; Fort Collins
Sobel, John H; Thornton
Spofford, Bryan T; Denver
Stecker, Raymond H; Colorado Springs
Sutton, Paul; Denver

Taylor, Wallace E Jr; Alamosa
Tralla, Michael A; Wheat Ridge; Cherry Hills Village
Trowbridge, Michael M; Grand Junction

VanDeWater, Frank W.; Lakewood; Denver

Weaver, Marlin E; Denver
Whistler, Carl W; Denver
Widney, Sam E; Greeley
Wilson, William H; Denver

Zuidema, Jacob J; Estes Park

PATHOLOGY

Allen, Patrick C; Loveland
Alt, Brooke; Boulder
Ashe, S M Prather; Denver

Bender, Brice J; Longmont
Benson, Alan E; Longmont
Benziger, Michael J; Montrose
Berthrong, Morgan; Colorado Springs
Bowerman, David L; Colorado Springs
Buslee, Roger M; Durango

Canfield, Thomas M; Montrose
Carver, Robert K; Englewood; Aurora
Cox, William F Jr; Wheat Ridge; Golden

Dawson, Donald L; Colorado Springs
deCampo, Rosina E; Denver; Littleton
Degener, David F; Grand Junction
Dent, John; Denver
Dickey, Gary D; Denver; Littleton
Dickey, William C; Denver; Morrison
Doucette, John W; Denver

Englund, Garth W; Fort Collins

Fritz, Thomas J; Grand Junction

Galloway, W Ben; Denver; Aurora
Giorno, Ralph C; Denver

Hanley, Kevin W; Boulder
Holm, William A; La Junta

Ilvonen, Roger Paul; Denver

Kehmeier, Dean F; Durango
Kennedy, L James Jr; Denver
Kidder, Lewis A; Mesa AZ
Klein, M G; Grand Junction
Knaus, Kendal C; La Junta
Konopka, Derek J; Denver
Kurland, Stanley K; Denver

Lagerborg, Vincent A; Denver
Leitch, William H; Denver
Lepoff, Ronald B; Denver
Long, Aaron D; Grand Junction
Lowell, David H; Denver; Englewood

Marsh, Stuart G; Pueblo
McFarlane, Ann D; Aspen
McGee, Hugh J Jr; Wheat Ridge; Golden
Merrick, Thomas A; Denver
Meyer, John E; Boulder
Mills, John W; Greeley
Minzer, Eugene R; Denver
Moore, Gene H; Colorado Springs
Morgan, David L; Englewood; Littleton

Olshock, Richard; Wheat Ridge

Pirch, Howard R; Denver
Pizzo, Christopher J; Denver
Poulsom, Edwin D; Denver

Reid, John H; Fort Collins
Reiquam, C W; Denver; Lakewood
Reynders, Michel A; Denver
Robichaux, Val; Cortez

Saccomanno, Geno; Grand Junction
Sartorio, Ernest Jr; Denver
Sciotto, Cosimo G; Colorado Springs
Sherwin, Richard M; Colorado Springs
Sinton, Eleanor; Englewood
Smith, Myron C; Greeley
Stienmier, Richard H; Colorado Springs
Stoffel, Philip T; Aurora; Denver

Timmons, Christene A; Colorado Springs
Toll, Giles D; Denver
Toll, Henry W Jr; Denver
Truell, John E; Englewood

Venbrux, Henry J; Greeley
Vincent, Thomas N; Denver
Visconti, Paul B; Denver; Aurora

Warren, George H; Denver
Webb, Gordon V; Denver

PEDIATRIC ALLERGY

Andrews, Francine G; Lakewood; Golden
Avner, Sanford E; Denver; Englewood

Bock, S Allan; Boulder
Buckley, Jerome M; Aurora; Denver
Burrows, Edwin H; Denver; Englewood

Culver, William G; Loveland

Go, Sumio; Colorado Springs

Karlin, Joel M; Lakewood; Denver
Koepke, Jerald W; Denver; Littleton

Murthy, Krishna C; Fort Collins

Vedanthan, P K; Fort Collins

PEDIATRIC CARDIOLOGY

Batlock, Dennis J; Aurora

Hawes, Charles R; Denver; Littleton

Miles, Vincent N; Denver; Castle Rock

Sondheimer, Henry M; Denver

PEDIATRIC ENDOCRINOLOGY

Weiss, Edra B; Lakewood; Littleton

PEDIATRIC NEPHROLOGY

Klenk, Eugene L; Denver

PEDIATRIC RADIOLOGY

Lince, Deborah M; Colorado Springs

Stavros, A Thomas; Englewood

PEDIATRIC SURGERY

Akers, David R; Denver

Bailey, William C; Denver; Englewood
Blocker, Sterling H; Colorado Springs

Chang, Jack H T; Denver

Glancy, Gerard L; Denver; Aurora

Haase, Gerald M; Denver; Littleton

Janik, Joseph S; Denver; Englewood

MacPhee, William M; Aurora; Denver
McCleary, Edward L; Denver
Meagher, David P Jr; Denver; Golden

Petersen, Warren A; Grand Junction

Wayne, Eli R; Denver; Englewood

PEDIATRICS

Adasek, Peter J; Colorado Springs
Amer, Jules; Denver
Arthur, James H; Denver; Aurora
Ashbach, Nancy W; Denver; Loveland
Aumiller, Charles L; Boulder
Auxier, Gary G; Montrose

Barber, Donn J; Greeley
Barber, Donn R; Denver; Aurora
Barkin, Roger M; Denver
Barter, Jeffrey; Littleton; Englewood
Bassow, Solomon H Jr; Wheat Ridge
Baumgartner, Ronald; Boulder
Beard, Donald Y; Fort Collins
Bedell, Richard F; Boulder
Blakeman, Gordon J; Denver

Bogan, Paul M; Denver
Booth, Richard R; Fort Collins
Bremers, Jean M; Denver; Englewood
Brigham, Dwight P B; Greeley
Brown, Jeffrey M; Colorado Springs
Brudenell, Mary Dina; Boulder
Bryan, Richard Wm D; Lakewood
Bublitz, Deborah K; Littleton
Burrows, Edwin H; Denver; Englewood

Cardos, Stephen F; Brighton
Carsey, Eben D Jr; Boulder
Cersonsky, H Sol; Denver
Chase, Barbara; Littleton
Christon, Margaret A; Fort Collins
Collins, Michael A; Boulder
Cook, Boyd W; Conifer
Cook, Donald E; Greeley
Cooper, John D; Greeley
Corcoran, Connie L; Aurora
Corrigan, Joseph L; Colorado Springs
Curry, Vernell W; Pueblo

Daneshbod-Skibba, Ghodsi; Arvada
Delano, William D; Littleton
Dieringer, Thomas M; Fort Collins
Dimaria, Vincent A; Littleton
Dunn, Thomas R; Greeley
Dworet, Rochelle L; Lakewood; Denver

Elliott, Max A; Fort Collins
Ellsworth, Rita A; Pueblo; Lamar
Essemer, Lawrence J; Vail

Feiten, Daniel J; Englewood
Fete, Timothy J Sr; Colorado Springs
Findlay, William A; Grand Junction
Fink, Anthony G; Greeley
Fitzgerald, David T; Longmont
Flax, Leo J; Denver
Fleischaker, Gordon H Jr; Wheat Ridge; Lakewood
Frank, Michael S B; Denver
Fries, Stephen M; Boulder

Gelfand, Daniel E; Denver
Genrich, John H; Colorado Springs
Gheen, Kenneth M; Colorado Springs
Gilman, James I; Denver
Ginsburg, Freeman M; Aurora
Ginsburg, Max M; Denver
Glasser, Edward J; Highlands Ranch
Go, Sumio; Colorado Springs
Goldstein, Daniel A; Denver
Golub, Daniel E; Fort Collins
Greensher, Arnold; Colorado Springs
Grosshans, Charles L; Lakewood
Guard, Harold L; Denver
Guenther, John P; Fort Collins

Haerr, Carolyn; Denver
Hartley, Robert D; Denver; Greeley
Hausam, Thomas J; Wheat Ridge; Denver
Hawlick, Garfield F; Lincoln NE
Hernandez, Jacinto A; Denver; Englewood
Herr, David S; Grand Junction
Hibbard, H David; Louisville; Boulder
Hoch, Peter C; Denver

Irwin, Mitchell A; Colorado Springs

Jabour, Christy; Arvada
Johnson, R Reed; Denver; Littleton

Kanas, John; Colorado Springs
Katz, Kenneth E; Littleton
Kelly, Robert R; Alamosa
Kelsall, Charles H; Englewood
Kessler, Charles J; Thornton; Westminster
Kitlowski, Noel P; Aurora
Klenk, Eugene L; Denver
Koukol, David C; Colorado Springs
Kuna, Gupta B; Pueblo
Kurtz, Michael L; Aurora; Denver
Kutalek, Kenneth J; Evergreen

Lampe, John M; Denver
Landon, F Rodman; Colorado Springs
Langendoerfer, Sharon I; Denver
Lashlee, Cecil H III; Denver
Levin, Paula R; Aurora; Highlands Ranch
Lewis, Philip L; Denver
Lubchenco, Lula O; Denver
Luebbert, Steven J; Colorado Springs
Lujan, Diana L; Greeley

Markson, Jay A; Denver
Maurer, Lawrence E; Boulder
McCallon, T Dwaine; Buena Vista
McCreery, Richard A; Colorado Springs
McDaniel, Janice R; Grand Junction
McDonald, Roderick J Jr; Denver; Littleton
McGinnis, James G; Fort Collins
Melinkovich, Paul; Denver; Evergreen
Meredith, Keith S; Colorado Springs
Meyer, Maryethel; Lakewood
Meyer, Ronald C; Wheat Ridge; Lakewood
Mijer, Frits; Denver
Miles, Vincent N; Denver; Castle Rock
Miller, Alvin P; Denver
Miller, Bradford R; Aurora
Miller, Ted W; Pueblo
Miller, William B; Lakewood
Montgomery, Eva; Lakewood; Littleton
Moon, William A Jr; Denver
Moore, Donald B; Boulder
Moore, Richard H; Louisville; Boulder
Morrell, Don L; Denver
Morris, Dorothy L; Arvada
Moyer, John P; Evergreen

Nakano, Sherry G; Grand Junction
Needham, Merl E; Denver; Littleton
Nelson, Nancy E; Denver
Nelson, Roy G; Louisville
Nicholson, Stephen S; Lakewood; Littleton
Nielsen, Peter G; Colorado Springs
Nyhus, Ralph E; Denver; Lakewood

O'Meara, Owen P; Denver; Englewood

Pacini, David L; Grand Junction
Patel, Dayalji D; Thornton; Westminster
Pearlman, Mark H; Aurora; Englewood
Peppers, Tracy D; Denver
Pharo, Susan A; Denver; Wheat Ridge
Piper, James C; Grand Junction

PEDIATRICS—PLASTIC SURGERY

Potts, William E; Lakewood; Denver
Proctor, Carla R; Pueblo

Rabinowitz, Jay S; Parker
Rademacher, Raymond J; Denver
Rao, Y N; Pueblo
Reddy, Carol F; Denver
Reich, Harvey M; Wheat Ridge
Reich, Laura M; Colorado Springs
Rhodes, Paul H; Lakewood
Rich, Berkeley L; Littleton
Richeaux, Kenneth A; Colorado Springs
Richer, Michaleen; Denver
Riley, Conrad M; Denver
Roos, David Brian; Aurora
Rosenberg, Jonas S; Denver
Rosenberg, Stanley; Aurora
Rumack, Barry H; Denver; Littleton

Sachs, Robert A; Littleton
Sargent, Robert A; Littleton; Englewood
Schaten, Robin L; Longmont
Schick, Walter R; Denver
Schroeder, Fredric A; Denver; Englewood
Schultz, Linda M; Glenwood Springs
Scott, Jeffrey R; Englewood; Castle Rock
Shiffman, Richard N; Arvada
Shira, James E; Denver; Englewood
Shoptaugh, A Glenn Jr; Colorado Springs
Sikand, Gita S; Denver; Englewood
Silverman, Leonard D; Aurora; Denver
Simon, David C; Aurora
Sisson, Earl M; Greeley
Soper-Porter, Harriette C; Grand Junction
Spalter, Roger M; Littleton
Spoering, Craig A; Grand Junction
Stage, Alan F; Castle Rock; Littleton
Stapp, R Holbrook; Englewood; Denver
Stark, Meritt W; Las Cruces NM
Stephens, George K III; Boulder
Stigler, Del; Denver
Storm, Thomas P; Denver; Northglenn
Strain, James E; Elk Grove Village IL; Prospect Hts IL
Studebaker, Lynne R; Englewood; Golden

Takahashi, William Y; Boulder
Tharp, James A; Denver; Littleton
Thompson, Lee S; Aurora; Denver
Thompson, Stephen D; Denver; Arvada
Tschetter, Paul N; Englewood
Tubergen, David G; Denver

Weiner, Melvin H; Highlands Ranch; Denver
Weiss, Edra B; Lakewood; Littleton
Wells, David W; Aurora; Parker
Wera, Thomas J; Fort Collins
Westerlund, Margaret E; Denver
Wheelock, Seymour E; Denver
White, Wallace C; Denver; Aurora
Wiard, Thomas D; Montrose
Williams, Edwin T; Denver
Winchester, Paul D; Colorado Springs
Wing, Diane L; Parker
Wyman, Michael L; Colorado Springs

Yaeger, John J; Pueblo

PHYSICAL MEDICINE & REHAB

Aschberger, John J; Denver; Littleton

Balazy, Thomas E; Englewood
Bramer, Clifford F; Laguna Niguel CA

Cabiling, L C Jr; Pueblo
Carle, Terry V; Englewood
Cilo, Mark P; Englewood
Cobble, Nancy D; Englewood; Aurora
Crawford, James W; Pueblo

Davis, Roger W; Colorado Springs
Dillon, T James; Denver
Dorr, Eugene A; Lakewood; Littleton

Evans, William Thomas; Englewood; Littleton

Fernandez, Lynne A; Boulder

Garrison, Jeffrey H; Colorado Springs

Hall, Timothy O; Colorado Springs
Hinton, Julie A; Denver
Hsu, Shih Fong; Englewood

Keely, Marjorie L; Grand Junction
Kinnett, Steven C; Thornton; Denver
Ksiazek, Karen; Denver

Lammertse, Daniel P; Englewood
Lanig, Indira S; Englewood
Lueck, Roger A; Englewood; Aurora

Marcelo, Teresita R; Denver
Markey, Joseph W; Boulder
Menter, Robert R; Englewood
Morgan, George T; Colorado Springs

Ogden, McAlpine P; Boulder

Ritsick, Joseph A; Denver
Rondinelli, Robert D; Denver
Ryan, Christopher B; Aurora

Scaer, Robert C; Boulder
Scott, Floyd E; Denver; Littleton
Shahzadi, Mehrbanoo (Mary); Colorado Springs
Shonk, John J Jr; Pueblo
Struck, Teresa H; Colorado Springs

Twombly, George C Jr; Denver; Englewood

Vaughan, Judith B; Greeley

Weintraub, Alan H; Englewood

Yarnell, Philip R; Denver; Englewood

PLASTIC SURGERY

Albin, Richard E; Denver
Arganese, Thomas J; Denver; Englewood

Burrow, Claude H; Boulder

Charles, David M; Denver
Cochran, John H Jr; Denver
Cramer, Lester M; Colorado Springs

DuBois, David D; Colorado Springs
Duncan, Diane; Fort Collins

Eisenbaum, Sidney L; Aurora; Englewood

Fawell, Thomas W; Highlands Ranch
Foti, Dominic Jr; Colorado Springs

Garcia, F A; Denver
Gargan, Thomas J III; Denver; Englewood
Geisterfer, Dirk J; Denver; Englewood
German, Charles; Englewood
Gill, John R; Wheat Ridge; Lakewood
Goldstein, Stephen A; Denver; Aurora
Grossman, John A; Denver

Hanson, J R; Colorado Springs

Janson, Richard A; Grand Junction
Jaouen, Richard M; Greeley

Kessler, Charles W; Pueblo
Knize, David M; Englewood
Kuisle, Hans R; Boulder

Lacy, George M; Denver; Englewood
Lawrence, Richard A; Pueblo
Luebke, Donald C; Pueblo

Macomber, Douglas W; Denver
Marritt, Emanuel; Englewood
McCulloch, Alexander T Jr; Colorado Springs
McKinnon, Douglas A; Denver
Merkel, William D; Grand Junction

O'Donnell, Richard S; Denver; Englewood

Payea, Norman P II; Lakewood; Wheat Ridge

Replogle, Scott L; Louisville; Boulder
Reynolds, Craig A; Lakewood
Rodriguez, Jose L; Glenwood Springs

Saber, William L; Denver; Golden
Schmidt, Douglas R; Denver
Serota, Joseph F; Aurora; Englewood
Shesol, Barry F; Aurora
Smith, Kirk M; Fort Collins
Snively, Steven L; Denver; Littleton
Speirs, Alfred C; Colorado Springs
Stormo, Alan C; Boulder
Summers, Thomas C; Denver

Tegtmeier, Ronald E; Golden
Thomas, Donn D; Englewood
Thompson, Richard H Jr; Englewood
Tittle, Ben J; Colorado Springs

Vigor, William Jr; Wheat Ridge; Lakewood

Walker, Ian G; Colorado Springs
Weatherley-White, Roy C A; Denver
Winder, Denis J; Durango

Zbylski, Joseph R; Denver; Englewood
Zwiebel, Paul C; Littleton

PROCTOLOGY

Katchian, Azad; Lakewood

Loken, Arnold B; Littleton

Turley, Ginger T; Englewood; Aurora

PSYCHIATRY

Anderson, Judson T; Colorado Springs
Anker, Jeffrey L; Boulder
Anneberg, Spencer K; Greeley

Barbato, Lewis; Denver
Behms, Robert S; Englewood
Bernstein, Lawrence H; Denver
Botha, Eleanor; Englewood
Brady, E James; Colorado Springs
Bumgarner, Frank E Jr; Denver

Casper, Edmund; Denver
Caster, David U; Colorado Springs
Cattell, Richard B; Denver; Golden
Chinburg, Ken G; Englewood; Littleton
Clark, Lee W; Westminster; Denver
Cohen, Elliot S; Colorado Springs
Cohen, R Robert; Aurora
Conde, Richard L; Colorado Springs
Courtright, Anne C; Pueblo
Cresswell, George F; Colorado Springs
Culp, Raymond M; Alamosa; Del Norte
Currier, Laurence M; Littleton

Dahlberg, William W; Denver
Davis, Herbert A; Colorado Springs
Dilts, Stephen L; Denver; Morrison
Drake, Frank R Sr; Denver
Dye, Charley W; Colorado Springs

Elwonger, David M; Colorado Springs
Esmiol, Pattison; Colorado Springs
Espey, William M; Denver
Everett, Ralph E; Colorado Springs

Faul, John C; Denver
Fletcher, Gary H; Englewood
Frey, Henry; Denver

Gamblin, Kenneth R; Colorado Springs
Garfein, Arthur D; Littleton
Glasco, Donald G; Littleton
Goldmuntz, Barry M; Colorado Springs; Manitou
Springs
Good, David M; Longmont
Graham, William H; Aurora; Denver
Grasso, Ralph J; Boulder
Gregory, Douglas P; Colorado Springs
Grey, Leslie; Denver
Guerra, Frank; Denver

Hannum, John N; Denver
Hauser, Charles E; Colorado Springs
Heckmann, Richard C; Denver

Herriott, Michael; Colorado Springs
Hersch, L Brian; Boulder
Hopple, Lynwood M; Montrose
Hunter, Carol A; Fort Lyon
Hurley, Thomas J; Colorado Springs
Hutchinson, James E; Durango

Illige-Saucier, Martha; Denver
Ingram, William L; Colorado Springs

Jacobson, Jacob G; Boulder
Johnson, Roger M; Greeley
Jones, William A; Fort Collins

Kelley, Severance B; Longmont
Kennison, Warren S; Denver; Golden
Kent, Emma M; Lakewood
Kort, Haydee C; Pueblo
Kosmicki, Patrick W; Denver; Englewood
Krause, Kenneth D; Aurora; Denver

LaBaw, Wallace L; Denver
Lauer, James W; Denver
Lazarus, Jeremy A; Englewood
Levy, Irwin B; Denver
Lewis, Frederick A Jr; Englewood
Lightburn, John L; Denver; Golden
Locketz, Harold D; Denver

Marx, Johann R; Denver
McCaw, William W Jr; Denver
McClure, Scott H; Colorado Springs; Englewood
Miller, Thomas E; Grand Junction
Moldauer, Leslie; Denver
Moser, Edgar A; Denver
Mott, John M; Fort Collins
Murchison, William G; Pueblo

Nakakuki, Masafumi; Denver
Newlin, Carol M; Fort Collins

Oppegard, Charles R; Englewood; Denver

Pecevich, Mark; Pueblo
Pensack, Robert J; Steamboat Springs
Petersen, Gordon W; Denver
Plazak, Dean J; Boulder
Preble, Parker E; Fort Collins

Rabin, Ronald A; Denver
Raybin, James B; Boulder
Rehg, William F; Denver; Englewood
Rice, David R; Boise ID
Richter, A Jason; Denver
Robinson, John W; Denver
Rose, Cynthia; Colorado Springs
Rymer, Charles A; Denver

Sammons, Robert A Jr; Grand Junction
Silvestri, H Peter; Denver
Singleton, Albert O III; Galveston TX
Solomon, Maurice C; Colorado Springs
Stanfield, Clyde; Denver
Steele, Brandt F; Denver
Stein, Gerald S; Colorado Springs
Sykes, William M; Denver; Golden
Szvetcz, Frank C; Colorado Springs

Thomason, Hubert H Jr; Denver
Tonsing, Robert E; Pueblo
Troy, Richard E; Grand Junction

Weiss, Stanley S; Denver; Englewood
Wiggins, Roger G; Evergreen
Willett, Allan B; Denver
Williams, C Rex; Colorado Springs
Wood, Benjamin S Jr; Denver

Yap, Alfredo T; Pueblo
Yost, John F; Aurora; Parker

Zaki, Sayed M; Denver

PSYCHIATRY & NEUROLOGY

Ballard, Phillip W; Colorado Springs

Guerra, Frank; Denver

Sills, Theron G; Greeley

PSYCHOANALYSIS

Cattell, Richard B; Denver; Golden

Garfein, Arthur D; Littleton

Jacobson, Jacob G; Boulder

Kennison, Warren S; Denver; Golden

Stein, Gerald S; Colorado Springs

Weiss, Stanley S; Denver; Englewood

PSYCHOSOMATIC MED

Guthrie, Michael B; Colorado Springs

Perry, Robert B; Littleton

Weiner, Melvin H; Highlands Ranch; Denver

PUBLIC HEALTH

Bowling, F Lee; Englewood

Davis, Telford A; Durango
Donnelly, John H; Boulder
Doster, Mildred E; Denver
Dowding, Charles H Jr; Aurora

Hattem, Albert R; Fort Lupton; Denver

Melinkovich, Paul; Denver; Evergreen
Muth, John B; Colorado Springs

Raattama, Ruth J; Denver
Redwine, Robert H; Pueblo
Rohrer, H Hugh; Englewood; Littleton

Sherwood, Robert W; St George UT
Stuver-Webster, Edna L; Denver

PUBLIC HEALTH—RADIOLOGY

Thomasson, George O; Englewood; Highlands Ranch
Thron, Ann L; Boulder

Vernon, Thomas M Jr; Denver

White, Carleton B; Littleton

Zick, H Rolan; Boulder

PULMONARY DISEASES

Ansfield, Michael J; Colorado Springs

Bechtel, Joel J; Grand Junction
Berg, Robert N; Denver; Englewood
Bigelow, D Boyd; Denver
Bjerke, Randal D; Boulder
Bogin, Robert M; Denver
Bortz, Alan I; Littleton; Denver
Broughton, Joseph O Jr; Denver
Buckley, John E; Denver

Canaday, Peter G; Denver
Canham, Edward M; Aurora
Cash, Robert L; Greeley
Char, David C; Thornton; Denver
Clark, Dumont F; Pueblo
Clifford, Dennis P; Wheat Ridge; Evergreen
Coffman, Delmar L; Wheat Ridge

Davidson, Allan B; Colorado Springs
Demarco, Frank J Jr; Wheat Ridge; Golden

Ellis, James H Jr; Denver; Englewood
Emrie, Philip A; Denver

Fliegelman, Martin J; Denver; Englewood

Gerber, Michael J; Wheat Ridge; Denver
Good, James T Jr; Denver; Englewood
Grady, James R; Boulder
Gunstream, Stanley R; Fort Collins

Kelble, David L; Denver; Evergreen
Kelley, William A; Grand Junction
Kennedy, Timothy C; Denver
King, Talmadge E Jr; Denver; Aurora

Lapidus, Robert J; Wheat Ridge; Evergreen
Lee, Russell M; Colorado Springs
Lindquist, Valdemar A Y; Denver; Golden
Luzietti, Richard G; Aurora; Littleton

Maulitz, Robert M; Denver
McClellan, Michael D; Denver
McClung, Harvey W; Pueblo
Mitchell, Roger S; Denver
Mountain, Richard D; Denver; Littleton

Newcomer, John A; Colorado Springs
Newman, Lee S; Denver

O'Leary, Michael P; Denver
Oakley, Robert D; Denver; Littleton
Olvey, Stuart K; Colorado Springs

Patz, David S; Grand Junction

Peterson, W Peter; Denver
Petrin, Mark; Fort Collins
Petty, Thomas L; Denver
Phelps, Harvey W; Pueblo
Pluss, William T; Denver

Repsher, Lawrence H; Wheat Ridge
Rest, Arthur; Denver
Rollins, Donald R; Loveland

Salerno, Charles F; Pueblo
Sandhaus, Robert A; Denver; Littleton
Sillers, William S; Englewood; Denver
Slonim, N Balfour; Denver

Taryle, David A; Denver; Greenwood Village
Tate, Robert M; Denver
Telatnik, Stephen C; Colorado Springs
Truitt, Leigh; Denver

VanHook, Charles J; Longmont
Varnum, Robert C; Colorado Springs

Waite, H Dennis; Denver; Littleton
Weisiger, Ken H; Denver; Highlands Rch
Weller, William J; Colorado Springs
Wick, James E; Aurora; Denver
Wicks, Allan B; Denver
Wiggins, Milton L; Colorado Springs
Williams, Clyde H III; Colorado Springs
Wilson, Robert K; Pueblo

Ziporin, Philip; Denver

RADIATION ONCOLOGY

DeBiose, David A; Fort Collins

Johnson, F Bing; Grand Junction

McNeely, Lee K; Denver

Paessun, Rebecca J; Denver
Paquette, Frederick R; Grand Junction

Schneider, Michael J; Denver; Englewood
Schreiber, David P; Denver
Simpson, C Kelley; Lakewood

RADIOLOGY

Aarestad, Norman O; Denver
Achee, Mitchell D; Denver
Armbrust, Douglas W; Greeley

Baker, Claude D; Denver; Littleton
Bates, Thomas R; Colorado Springs
Bowles, Charles R; Boulder
Brake, Jannette; Brighton; Aurora
Brenneman, Janice K; Englewood; Denver
Brubaker, James N; Denver
Budge, John C; Longmont
Burdick, Duncan C; Colorado Springs
Burns, Dorr H; Grand Junction

Callaghan, Edward E; Denver
Chalus, Dennis M; Denver; Englewood

Cook, Philip S; Denver
Cornforth, Donald E; Loveland
Cronin, John C; Fort Collins
Curtis, William S; Boulder
Cutshall, Richard C; Greeley

Danner, Paul K; Denver; Littleton
Davidson, James E; Fort Collins
Dickson, Robert P; Pueblo
Dooher, Gerald R; Vail
Dovgan, Samo J; Cortez
Dubach, Kenneth F; Boulder

Earley, William C; Parker
Emmons, Lawrence L; Denver; Aurora
Everhart, Floyd R; Aurora

Fink, Donald W; Denver; Englewood
Fleming, John A; Lakewood
Freed, John H; Denver
Fulton, Richard E; Grand Junction

Gannuch, Garret M; Denver
George, Stephen G; Denver
Goldstein, Warren D; Colorado Springs
Goodman, Neal; Denver; Englewood
Grantham, J Geary; Boulder
Griffin, Dennis J; Englewood
Grogan, John M; Denver; Englewood

Hamm, Robert M; Loveland; Fort Collins
Hammer, Raymond W; Litchfield Pk AZ
Hansen, Lowell H; Denver
Harris, Charles H; Canon City
Hewitt, Glenn O; Greeley

Isgreen, John W; Montrose

Jamroz, Brandt A; Denver
Jobe, William E; Englewood; Denver
Jobe, William L; Denver; Englewood
Johnson, F Bing; Grand Junction
Jones, Frederick A; Denver; Golden

Kahn, Robert J; Greeley
Kennedy, Thomas J; Englewood
Ksiazek, Karen; Denver

Labouisse, David W; Alamosa
Latchaw, Richard E; Englewood
Lemon, John C; Aurora; Englewood
List, James E; Denver; Littleton
Loeffel, Edwin J Jr; Buena Vista

Maresh, Gerald S; Englewood
Marks, Galen D; Brighton; Erie
Matthews, Frank D; Denver
McHugh, Robert L; Alamosa
McMillin, Kim I; Denver; Englewood
McMullen, James W; Colorado Springs
Meister, Edward J; Denver
Mencini, Raymond A; Denver; Aurora
Montana, Margaret A; Denver
Moorhead, Kenneth D; Boulder
Moulton, Jeffrey S; Denver; Englewood

Needell, William M; Colorado Springs

Orzel, Joseph A; Denver; Littleton

Parington, Cyrus W; Fort Carson; Colorado Springs
 Pear, Bert Lincoln; Denver
 Phelps, Lynn M; Pueblo
 Pickard, Thomas M; Sterling
 Pitman, William M; Colorado Springs
 Porter, Richard F; Alamosa
 Protas, Jacob M; Aspen

Quimby, Robert L; Walsenburg

Raetz, David A; Denver; Golden
 Rea, John J; Pueblo; Pueblo West
 Richardson, David L; Denver
 Riley, John C III; Englewood
 Roberts, John F; Englewood; Littleton
 Roller, Lothar K; Canon City
 Rothberg, Alan D; Aurora

Salzman, Emanuel; Denver
 Schaumberg, Edward G Jr; Greeley
 Seale, William B; Boulder
 Seigel, Robert S; Denver; Golden
 Shealy, Stephen H; Littleton
 Singer, Charles J; Fort Collins
 Smazal, Stanley F Jr; Englewood
 Smith, David F; Grand Junction
 Smith, Royal A; Glenwood Springs
 Spurck, Robert P; Denver; Littleton
 Stampfli, Wendell P; Rochester MN
 Stavros, A Thomas; Englewood

Thompson, J Robert Jr; Colorado Springs

Vickery, Don L; Pueblo

Ward, Bruce A; Grand Junction
 Whitaker, John B; Denver; Aurora
 Wicks, Jeffrey D; Denver; Evergreen
 Winn, Charles E II; Denver
 Witten, Julia S; Littleton
 Witwer, John P; Denver; Evergreen
 Wolff, James N; Englewood
 Wurtzebach, Lorenz R; Lakewood

Yen, William T; Thornton; Denver

REPRODUCTIVE ENDOCRINOLOGY

Albrecht, Bruce H; Denver
 Alexander, Samuel E Jr; Denver; Aurora

Engel, Tibor; Denver

RHEUMATOLOGY

Bravo, Jaime F; Denver; Greenwood Village
 Briney, Walter G; Denver
 Bushnell, Walter J; Englewood; Littleton

Falbo, Anthony; Aurora

Glassman, Kenneth P; Denver

Hatfield, Wendell; Englewood

Kaplan, Herbert; Denver
 Kassan, Stuart S; Wheat Ridge; Denver
 Krohn, Kelly D; Denver

Lain, Douglas; Colorado Springs
 Lewis, Ted T; Colorado Springs
 Lynn, John T III; Colorado Springs

MacCarter, Daryl K; Denver
 McDonough, Gilbert L; Denver
 Murray, Garvin C; Loveland

Nordstrom, David M; Colorado Springs

Ogden, McAlpine P; Boulder

Peacock, William F; Littleton

Rosenberg, Alan L; Denver

Schiff, Michael; Aurora; Englewood
 Schocket, Alan L; Denver
 Smyth, Charley J; Denver

Young, George T; Boulder

RHINOLOGY

Dragul, Paul H; Denver; Englewood

English, Gerald M; Englewood; Denver

Gabelman, Omer P; Grand Junction; Kennewick
 WA

Jones, Roy W; Denver

Lipkin, Alan F; Denver; Englewood

SEXUAL DYSFUNCTION

Grossman, Fred; Denver

Kopelman, J Joshua; Aurora

Levy, Irwin B; Denver

Wilson, William B Jr; Denver; Littleton

SPORTS MEDICINE

Anderson, Gilbert I; Greeley

Bachman, David C; Ouray; Ridgway
 Banyash, Larry W; Basalt
 Blanchard, Thomas J; Commerce City; Northglenn
 Brown, Courtney W; Lakewood
 Burton, Richard M; Colorado Springs
 Burton, William V; Boulder

Chimento, James J; Pueblo

Dorr, Eugene A; Lakewood; Littleton

Ewing, Peter C; Boulder

Ferris, William D; Boulder

Garland, Dave T; Denver; Lakewood
 Greenberg, David C; Denver

Harvey, John S Jr; Fort Collins

Leidholt, John D; Denver
 Lovejoy, Brent V; Denver

Mahony, Thomas H III; Colorado Springs
 Morgan, George T; Colorado Springs

Ochsner, Ronald C; Englewood; Littleton

Rainey, Rhett K; Colorado Springs
 Rector, James B; Boulder; Longmont

Schutt, Robert C Jr; Colorado Springs
 Simerville, James J; Colorado Springs
 Sprague, Dawin C; Johnstown
 Strickland, Darwin J; Denver
 Swarsen, Ronald J; Denver

THERAPEUTIC RADIOLOGY

Aarestad, Norman O; Denver

Bloor, Robert J; Pueblo West

Daniel, William E; Denver; Englewood

Howell, Kathryn T; Denver

Kersey, Dudley H; Colorado Springs
 Kinzie, Jeannie J; Denver; Evergreen

Lienert, R Eugene; Denver; Englewood
 Lim, Meng Lai; Greeley

Mackey, Winona R; Pueblo; Colorado Springs
 Mateskon, Charles A; Denver

Narvaez, Roger W; La Junta

Ohlsen, Joel D; Pueblo; Rye

Schiller, John E; Colorado Springs
 Schneider, Michael J; Denver; Englewood
 Stokes, Michael F; Denver

Tennant, Edward E; Casper WY

THORACIC SURGERY

Ammons, Mark A; Denver
 Anderson, James T; Colorado Springs
 Aragon, Guillermo E; Denver

Bartley, Thomas D; Pueblo

Becker, Paul G; Denver

Blair, Emil; Rockville MD

Brantigan, Charles O; Denver

Brooks, Robert S; Grand Junction

Brown, Robert K; Denver

Campbell, David N; Denver; Littleton
 Carey, Thomas A; Denver

THORACIC SURGERY—UROLOGICAL SURGERY

Carson, Stanley D; Denver
Chambers, Jodi A; Denver
Chiavetta, Thomas G; Fort Collins
Clarke, David R; Denver
Cleveland, Henry C; Denver
Condon, William B; Denver

Demong, Charles V; Denver
Douglas, Kenneth R; Wheat Ridge; Arvada
Dumm, James B; Denver

Elliott, Donald P; Denver

Faraci, Robert P; Denver

Gay, Kent E; La Junta
Gerrard-Gough, Brodie; Colorado Springs
Gillmore, Bruce T; Greeley
Grow, John B Sr; Denver
Guadagnoli, Mark D; Fort Collins
Guber, Myles S; Denver

Harken, Alden H; Denver; Littleton
Harwood, James T; Denver; Englewood
Henderson, James A; Castle Rock
Hermann, Gilbert; Denver
Hohm, Richard A; Fort Collins
Hopeman, Alan R; Denver
Hutchison, David E; Denver

Jones, Arthur F; Wheat Ridge; Lakewood

Kamau, Pius K; Aurora
Kirshenbaum, Gerald; Aurora; Englewood
Kortz, Allan B; Englewood; Denver
Kovarik, Joseph L; Englewood
Kukral, Albert J; Lakewood

Larkin, James M; Colorado Springs
Liddle, Edward B Jr; Colorado Springs
Lindeman, George M; Colorado Springs
Lokey, Hamilton Jr; Wheat Ridge
Long, David M; Westminster; Boulder

Mains, Charles W; Wheat Ridge; Golden
Malowney, Robert C; Englewood
Manart, Frank D; Denver
Mangum, William K; Greeley
McGuire, Brian M; Westminster; Lakewood
Meza, Felix; Denver
Moore, John B; Wheat Ridge; Lakewood
Mubarak, Asa'ad A; Wheat Ridge; Englewood

Narrod, James A; Denver

Olson, Robert H; Wheat Ridge; Golden

Pappas, George; Denver; Littleton
Parker, Richard K; Denver
Paton, Bruce C; Denver
Peck, Mordant E; Denver
Petersen, Warren A; Grand Junction
Pomerantz, Marvin; Denver; Castle Rock
Poucel, Jean-Georges; Aurora
Propp, John G; Denver

Rainer, W Gerald; Denver
Randono, John J; Colorado Springs

Roos, David B; Denver; Littleton
Rosenberger, Alan B; Wheat Ridge; Lakewood
Robinson, Samuel M; Colorado Springs

Sadler, Theodore R Jr; Grand Junction
Salata, John Robert; Colorado Springs
Santos, Arthur D; Pueblo
Schechter, Philip A; Littleton; Englewood
Schmitt, Edward A; Colorado Springs
Schmitt, Henry J Jr; Colorado Springs
Schorlemmer, Gilbert R; Pueblo
Schwartz, Arthur A; Aspen
Simon, John S; Denver
Smail, W Carlyle Jr; Denver; Englewood
Smith, Daniel L; Denver; Englewood
Spees, Everett K Jr; Denver

Tullis, Gene E; Denver; Highlands Ranch

Varnell, Jeffrey L; Aurora; Englewood

Walker, E Lance; Denver; Littleton
Weston, Eugene L; Wheat Ridge; Golden
Wikholm, Larry J; Greeley
Wise, James K; Fort Collins
Wolz, John F; Fort Morgan

Yajko, R Douglas; Glenwood Springs
Young, David H; Denver

TOXICOLOGY

Aldrich, Franklin D; Boulder

Bowerman, David L; Colorado Springs
Bronstein, Alvin C; Denver

Coleman, Donald L; Breckenridge

Goldstein, Daniel A; Denver

Hall, Alan H; Denver; Evergreen

Kornberg, James P; Boulder
Krieger, Gary R; Denver; Boulder

Teitelbaum, Daniel T; Denver

Wood, John M; Englewood; Littleton

TRAUMATIC SURGERY

Brightwell, Nathan L; Colorado Springs
Brown, Courtney W; Lakewood

Chambers, Jodi A; Denver
Cleveland, Henry C; Denver
Cline, Donald W; Salida
Conner, Donald J; Englewood; Denver

Day, John R M; Boulder
Dorr, Eugene A; Lakewood; Littleton

Faraci, Robert P; Denver

Gillmore, Bruce T; Greeley

Harwood, James T; Denver; Englewood
Hutchison, David E; Denver

MacPhee, William M; Aurora; Denver
Mangum, William K; Greeley
Moore, Ernest E Jr; Denver

Rosenberger, Alan B; Wheat Ridge; Lakewood

Schechter, Philip A; Littleton; Englewood
Schwartz, Arthur A; Aspen

Tutt, George O Jr; Fort Collins

TUMOR SURGERY

Day, John R M; Boulder

Gillmore, Bruce T; Greeley

Jones, Arthur F; Wheat Ridge; Lakewood

Kirshenbaum, Gerald; Aurora; Englewood
Kukral, Albert J; Lakewood

MacPhee, William M; Aurora; Denver
Mangum, William K; Greeley
McColl, Harry A Jr; Colorado Springs
Moore, George E; Denver; Conifer

Nelson, William R; Denver

Petersen, Warren A; Grand Junction

Rosenberger, Alan B; Wheat Ridge; Lakewood

Tutt, George O Jr; Fort Collins

UNSPECIFIED

Jacobsen, Merl M; Littleton

Rechnitz, Gary D; Fort Collins

Wall, Richard A; Colorado Springs

UROLOGICAL SURGERY

Ashkar, Louis; Aurora
Atkins, Dale M; Denver
Augsburger, Richard R; Wheat Ridge; Lakewood

Beadles, Robert O Jr; Colorado Springs
Boucher, Wesley W; Pueblo
Brennan, James F; Aurora
Bruffy, James L; Canon City
Bruns, Thomas; Loveland

Campbell, Oliver P; Sun City West AZ
Campbell, William A III; Denver
Carris, Craig K; Colorado Springs
Clark, James E; Boulder
Cohn, Elliot J; Colorado Springs
Crissey, Michael M; Colorado Springs

Daly, Francis J; Sterling
Dean, Carlton M; Wheat Ridge; Golden

Dudzinski, Paul J; Fort Collins

Ezell, William W; Fort Collins
Ezzard, John A; Englewood

Faricy, Patrick O; Colorado Springs
Fitzgerald, Thomas J; Pueblo

Galansky, Stanley H; Denver
Gerber, Milo P; Pueblo
Gorab, Lawrence N; Colorado Springs
Grossman, Fred; Denver

Haley, Patrick D; Denver
Heller, Eugene; Denver
Henderson, Stephen R; Longmont
Higbee, Daniel R; Denver
Hofsess, Donald W; Denver
Holley, Paul S; Wheat Ridge
Holst, Stephen W; Wheat Ridge; Arvada
Horne, Daniel W III; Denver; Aurora

Johnson, Kent E; Denver; Englewood

Karsh, Lawrence I; Denver
Kaufman, Joel M; Aurora; Littleton
Kiracofe, H Loudon; Durango

Lewis, Evan L; Denver

Maloney, John D; Fort Collins
Maniatis, William N; Aurora
Miller, Gerald M; Denver

Nemeth, Clifford J; Loveland
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 Clark, Ronald D; Greeley
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 Clarke, David R; Denver
 Clarke, J Philip; Denver; Englewood
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 Cletcher, John O Jr; Longmont
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 Clifford, Nathan J; Greeley
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 Cline, Foster W Jr; Evergreen
 Cloyd, David G; Fort Collins
 Clutter, Joseph S; Pueblo
 Coates, Sally A; Littleton
 Cobb, William B; Palisade; Grand Junction
 Cobble, Nancy D; Englewood; Aurora
 Cochran, John H Jr; Denver
 Cochran, Thomas S Jr; Fort Collins
 Cochrane, David R; Denver; Englewood
 Codd, Richard L; Fort Collins
 Coffman, Delmar L; Wheat Ridge
 Cohan, Jeffrey A; Thornton; Aurora
 Cohen, Andrew I; Aurora
 Cohen, Edmond F; Denver
 Cohen, Elliot S; Colorado Springs
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 Cohen, Milton I; Colorado Springs
 Cohen, R Robert; Aurora
 Cohen, Richard S; Lakewood; Denver
 Cohn, Elliot J; Colorado Springs
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 Cole, Nicholas G; Montrose
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Condit, Randall S; Denver
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 Conrad, Lily C A; Evergreen
 Conrad, Natalie D; Denver
 Conrad, William C; Boulder
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 Coryell, Laurie A; Lafayette; Greeley
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 Cosh, Glenn M; Lakewood
 Cotton, Ralph L; Wheat Ridge; Denver
 Coulehan, Lawrence T; Denver
 Coulter, Robert L Jr; Wheat Ridge
 Coulter, Vicki L; Golden
 Courtright, Anne C; Pueblo
 Courtright, Claiborne L; Pueblo
 Coville, Frederick V; Englewood
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 Cox, William F Jr; Wheat Ridge; Golden
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D

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 Friedman, Jacob; Denver
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 Frost, Anthony; Englewood
 Frost, Harold M Jr; Pueblo
 Fry, Thomas G; Wheat Ridge; Golden
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 Greisman, Stewart L; Englewood; Littleton
 Grenoble, David C; Durango
 Grey, Leslie; Denver
 Griebel, Gerald W; Cortez
 Griest, Deborah J; Denver
 Griffin, Dennis J; Englewood
 Griffith, Dillard R; Colorado Springs
 Griffith, John B; Englewood
 Griffith, William F III; Aurora
 Griffiths, Leonard L III; Denver
 Groeger, Raymond J; Woodland Park
 Grogan, John M; Denver; Englewood
 Grosboll, Ashley N; Loveland
 Grosboll, Edward E; Loveland
 Grosboll, Robert N; Loveland
 Gross, Karl F; Aurora
 Grosshans, Charles L; Lakewood
 Grossman, Daniel R; Pueblo
 Grossman, Fred; Denver
 Grossman, John A; Denver
 Grossman, Richard A; Durango
 Grossman, Terry A; Granby
 Grossnickle, Mark D; Greeley
 Grover, Isabelle E; Lakewood
 Groves, Fred B; Greeley
 Grow, John B Jr; Denver
 Grow, John B Sr; Denver
 Gruber, James E; Denver; Englewood
 Grund, Walter J; Littleton
 Guadagnoli, Mark D; Fort Collins
 Guard, Harold L; Denver
 Guber, Myles S; Denver
 Guenther, John P; Fort Collins
 Guerra, Frank; Denver

Guilfoyle, Edward J; Denver
 Guillory, Gerard L; Aurora
 Gulinson, Jordan E; Denver
 Gunstream, Stanley R; Fort Collins
 Gurley, William D; Denver
 Gussman, Debra; Denver
 Guthrie, Michael B; Colorado Springs

H

Haas, John M; Aurora; Englewood
 Haase, Gerald M; Denver; Littleton
 Hackett, Robert D; Grand Junction
 Hackney, Terry L; Louisville; Boulder
 Hadley, John C; Eads
 Haerr, Carolyn; Denver
 Hahn, Gary W; Wheat Ridge
 Hahn, Robert W; Colorado Springs
 Hailey, Mark A; Loveland
 Haimes, Mark D; Boulder
 Hajek, Michael R; Greeley
 Haley, A Thomas; Castle Rock
 Haley, James S; Longmont
 Haley, Patrick D; Denver
 Halfen, David P; Denver; Golden
 Halfmann, Lee R; Aurora; Denver
 Halgrimson, Charles G; Denver
 Halgrimson, Michael J; Lakewood
 Hall, Alan H; Denver; Evergreen
 Hall, J Michael; Colorado Springs
 Hall, Michael L; Denver
 Hall, Oliver E K; Grand Junction
 Hall, Robert F; Grand Junction
 Hall, Timothy O; Colorado Springs
 Halley, Norman B; Westminster
 Halley, Tullius W; Durango
 Halouska, Don L; Denver
 Halprin, Arthur H; Pueblo; Beulah
 Ham, Gordon C; Englewood; Denver
 Hamann, Richard A; Denver
 Hamill, Richard G; Pueblo
 Hamilton, Richard; Denver
 Hamilton, Robert S; Colorado Springs; Wetmore
 Hamlin, Charles; Denver
 Hamm, Robert M; Loveland; Fort Collins
 Hammer, Raymond W; Litchfield Pk AZ
 Hammerberg, Eric K; Denver
 Hammond, R Scott; Westminster; Evergreen
 Hammond, Richard O; Fort Collins
 Hamstra, Gerald A; Colorado Springs
 Han, John S; Greeley
 Haney, Lawrence O; Colorado Springs
 Haney, Perry L; Aurora
 Hanley, Kevin W; Boulder
 Hanley, Richard G; Montrose
 Hanna, Philip D; Englewood
 Hanna, Robert S; Grand Junction
 Hannah, Stanley L; Denver; Englewood
 Hannemann, Martin D; Aurora; Golden
 Hannum, John N; Denver
 Hansen, Daniel G; Boulder
 Hansen, Lowell H; Denver
 Hansen, Richard N; Englewood
 Hanson, Charles A; Pueblo; Beulah
 Hanson, J R; Colorado Springs
 Hanson, Michael W; Pueblo
 Happer, Ian M; Denver
 Hardy, Billee W; Aurora; Highlands Ranch

Hardy, Ronald G Jr; Denver
 Harken, Alden H; Denver; Littleton
 Harling, Mallory T; Fort Collins
 Harms, Thomas L; Greeley
 Harper, Barry K; Fort Collins
 Harris, Charles H; Canon City
 Harris, David W; Aurora; Englewood
 Harris, Lowell N; Wheat Ridge; Lakewood
 Harrison, Craig A; Boulder
 Harrison, Judith A; Durango
 Harrison, Kenneth D; Colorado Springs
 Harrison, Mark N; Boulder
 Harrison, Martin R; Golden
 Harrison, Robin A; Boulder; Longmont
 Harrod, C Scott; Alamosa
 Hartl, Richard W; Colorado Springs
 Hartley, Robert D; Denver; Greeley
 Hartman, James F; Denver
 Hartner, Mark J; Littleton; Englewood
 Hartshorn, Denzel F; Grand Junction
 Hartwig, Frank E; Denver
 Hartzler, Janet K; Lakewood
 Harvey, Alice; Englewood
 Harvey, Duval E; Denver
 Harvey, John S Jr; Fort Collins
 Harvey, Richard L; Aurora
 Harvey, Robert P; Denver
 Harwood, James T; Denver; Englewood
 Hasan, Malik M; Pueblo
 Hashimoto, Christine; Denver
 Haskins, R Scott; Rifle
 Hatfield, Wendell; Englewood
 Hattel, Nick D; Delta
 Hattem, Albert R; Fort Lupton; Denver
 Hauck, Margaret E; Denver; Boulder
 Haug, Norman L; Del Norte
 Haughton, Kevin M; Denver
 Haun, William E; Denver; Englewood
 Hausam, Thomas J; Wheat Ridge; Denver
 Hauser, Charles E; Colorado Springs
 Hausmann, Gertrude S; Denver
 Hawes, Charles R; Denver; Littleton
 Hawke, Jeffrey E; Aurora; Denver
 Hawley, William J; Montrose
 Hawlick, Garfield F; Lincoln NE
 Haygood, Jerry W; Fort Lupton
 Haygood, Thomas A; Fort Collins
 Hayhurst, Dale W; Pueblo
 Hayman, Mark P; Strasburg
 Haynes, Robert G; Lakewood
 Hays, John C; Colorado Springs
 Hayward, Bruce T; Aurora
 Headley, David L; Colorado Springs
 Heaton, Angeline D; Denver
 Heaton, Carl E; Denver
 Heaton, Warren A; Castle Rock
 Heavrin, John S; Lakewood; Littleton
 Hebert, James O III; Delta; Telluride
 Heble, Teresa A; Littleton
 Heckman, Amilda R; Englewood
 Heckmann, Richard C; Denver
 Hedberg, John; Denver
 Heiberger, James T; Colorado Springs
 Heinz, Stephen M; Denver
 Heiss, Robert E; Denver; Littleton
 Heisterkamp, David V; Denver
 Heller, Arnold; Denver
 Heller, Arthur P; Englewood

Heller, Eugene; Denver
 Heller, Henry M; Durango
 Helm, Albert J; Sun City AZ
 Hembre, Kristine; Denver
 Hemming, John G Jr; Lakewood
 Henbest, Philip M; Denver
 Hendee, William R; Chicago IL
 Henderson, James A; Castle Rock
 Henderson, Kenneth R; Denver; Broomfield
 Henderson, Stephen R; Longmont
 Henry, Raymond W; Denver
 Henson, Robert E II; Denver
 Henson, Stanley W Jr; Fort Collins
 Hepner, Harold J; Denver; Englewood
 Herlevich, John C Jr; Westminster
 Herman, James R; Fort Collins; Denver
 Hermann, Gilbert; Denver
 Hern, Warren M; Boulder
 Hernandez, Jacinto A; Denver; Englewood
 Herndon, Cynthia G; Denver
 Herr, David S; Grand Junction
 Herr, Elizabeth W; Denver
 Herrera, William G; Englewood; Golden
 Herrington, Alan G; Pueblo
 Herrington, Richard A; Carbondale
 Herriott, Michael; Colorado Springs
 Hersch, L Brian; Boulder
 Hersey, James Merrill; Golden
 Hess, Gary W; Denver; Englewood
 Hesse, Eugene J; Lasalle; Greeley
 Hesterberg, Raymond C Jr; Aurora
 Heuscher, Enno F; Grand Junction
 Hewitt, Glenn O; Greeley
 Heyl, Robert A; Cortez; Mancos
 Hibbard, H David; Louisville; Boulder
 Hickman, Gerald M; Boulder
 Hicks, Bernard L; Pueblo
 Hicks, James C; Greeley
 Higbee, Daniel R; Denver
 Higgins, Andrew G; Denver; Wheat Ridge
 Higgins, Kerry T; Denver; Lakewood
 Higgins, Thomas; Boulder
 Hilberman, Mark; Boulder
 Hildebrand, Jan S; Canon City
 Hileman, Lyle S; Denver
 Hill, Douglas M; Thornton; Morrison
 Hill, James R; Broomfield; Boulder
 Hill, McArthur O; Wheat Ridge
 Hillman, John D; Colorado Springs
 Hillmer, Barry; Durango
 Hilty, Daniel E; Wheat Ridge; Arvada
 Hilty, Lydia B; Wheat Ridge
 Hilty, Raymond W Jr; Boulder
 Hiner, John M; Brighton
 Hines, William L; Denver
 Hinton, Julie A; Denver
 Hipkin, David; Greeley
 Hiratzka, Paul S; Greeley
 Hirose, Hideo; Wheat Ridge; Golden
 Hitchcock, Michael H; Englewood
 Hites, James D; Fort Collins
 Hix, Ivan E Jr; Wheat Ridge; Golden
 Hixon, Walter S; Littleton
 Hobbs, Jan D; Montrose
 Hoch, Peter C; Denver
 Hodges, Kathleen A; Denver
 Hodges, W Jeff; Denver; Golden
 Hoffenberg, Stephen R; Denver

Hofflin, Jesse M; Colorado Springs
 Hoffman, James F; Fort Collins
 Hoffman, James F Jr; Fort Collins
 Hoffman, Murray S; Denver
 Hoffman, Richard E; Denver; Golden
 Hoffmann, Mark F; Fort Collins
 Hofmann, Rudolf A; La Junta
 Hofsess, Donald W; Denver
 Hogan, James L; Westminster; Longmont
 Hogenkamp, Jon M; Pueblo
 Hogg, Robert T; Broomfield; Westminster
 Hogle, Gregory A; Denver
 Hohengarten, John H; Colorado Springs
 Hohm, Richard A; Fort Collins
 Hoisington, William D; Paonia
 Hoke, Timothy E; Colorado Springs
 Hollar, Gregory F; Craig
 Holley, Paul S; Wheat Ridge
 Hollister, Elbert E; Lakewood; Evergreen
 Holm, William A; La Junta
 Holman, Andrew J; Aurora
 Holman, Joan D; Aurora
 Holmes, Joshua J; Grand Junction
 Holst, Stephen W; Wheat Ridge; Arvada
 Holt, Charles J; Aurora; Englewood
 Holt, G Waltermann; Bow Mar
 Holt, Peter B; Longmont
 Holt, Steve A III; Denver; Lakewood
 Holtgrewe, Jeffrey L; Denver
 Homburg, Robert C; Fort Collins
 Honea, Bertrand N III; Loveland
 Hooper, Gerald H; Denver; Arvada
 Hopeman, Alan R; Denver
 Hopf, Timothy R; Denver
 Hopkins, William G; Pueblo
 Hoppe, Wayne E; Burlington
 Hoppie, Lynwood M; Montrose
 Hornbaker, Charles L; Colorado Springs
 Horne, Daniel W III; Denver; Aurora
 Horner, Jillian E; Greeley
 Horner, Robert L; Denver; Englewood
 Horstman, James K; Fort Collins
 Horvath, Joseph S; Aurora; Englewood
 Hostettler, David P; Glenwood Springs
 Houghan, Charles R; Fort Morgan
 Houghton, William A; Greeley
 Houlton, William G; Aurora
 Hovland, Kenneth R; Denver
 Howard, Earle T; Loveland
 Howard, K Mason Jr; Englewood; Littleton
 Howard, William L; Brighton; Boulder
 Howe, Clifford S; Pueblo
 Howe, Gerald E; Cortez
 Howell, Kathryn T; Denver
 Howlett, Roger G; Arvada
 Hoyle, Clifford L; Pueblo
 Hoyle, Thomas C III; Colorado Springs
 Hrdlicka, Jan; Arvada
 Hruza, Dan S; Englewood
 Hsu, Shih Fong; Englewood
 Huber, James A; Denver
 Hudson, John L; Boulder
 Huffman, David H; Colorado Springs
 Huffmire, Andre J; Craig
 Huggins, Gerald A; Denver
 Hughes, Andrew G; Loveland
 Hughes, John S; Englewood; Littleton
 Hughes, Robert H; Aurora

Hulet, Brett L; Pueblo
 Humm, John J; Aurora
 Humphrey, Robert N; Fort Collins
 Humphreys, John A; Denver; Englewood
 Humphries, Jesse H; Denver
 Humphries, William C Jr; Greeley
 Hunter, Brett P; Greeley
 Hunter, Carol A; Fort Lyon
 Hunter, Robert D; Englewood
 Hunter, Robert E; Aspen
 Hurley, Grant W; Pueblo
 Hurley, Thomas J; Colorado Springs
 Hurst, John G; Greeley
 Huskey, Harlan B; Fruita; Grand Junction
 Husted, Joel R; Boulder
 Huston, Jeffrey D; Denver; Littleton
 Hutcherson, John D; Denver
 Hutchinson, Dawn R; Denver
 Hutchinson, James E; Durango
 Hutchison, David E; Denver
 Huttner, Walter A; Denver; Englewood
 Hutto, John M; Wheat Ridge; Lakewood
 Huun, Mark A; Denver
 Hyde, Edwin G; Englewood
 Hynes, Bryan A; Pueblo

I

Illige-Saucier, Martha; Denver
 Ilvonen, Roger Paul; Denver
 Imber, Richard J; Denver
 Imig, John R; Boulder
 Ingram, William L; Colorado Springs
 Inkret, William Jr; Denver
 Ippen, Gregory A; Denver
 Irvin, Lewis A; Grand Junction
 Irwin, Everett; Fort Mohave AZ
 Irwin, Mitchell A; Colorado Springs
 Isgreen, John W; Montrose
 Iskander, Laurice; Aurora; Littleton
 Iwakiri, John; Arvada; Lakewood
 Iwata, Samuel H; Colorado Springs

J

Jabour, Christy; Arvada
 Jackson, Alfred (Tad) W; Denver
 Jackson, Ham; Fort Morgan
 Jackson, William E; Denver
 Jacobs, Alexander; Denver
 Jacobs, Herbert L; Westminster; Denver
 Jacobs, Kellie L; Greeley
 Jacobs, Madeleine; Penrose
 Jacobsen, Merl M; Littleton
 Jacobson, Eugene D; Denver
 Jacobson, Jacob G; Boulder
 Jacoby, Richard M; Denver; Castle Rock
 Jacques, Thomas F; Denver
 Jalota, Renu; Aurora
 Jalowiec, Deborah A; Colorado Springs
 James, Albert E; Denver
 James, Brien P; Englewood
 James, David R; Craig
 James, Lynn A; Grand Junction
 James, Penelope C; Parker; Denver
 James, Warren K; Fort Collins
 Jamison, Jacqueline H; Denver

Jamroz, Brandt A; Denver
 Janes, Peter C; Vail; Avon
 Janik, Joseph S; Denver; Englewood
 Janowski, Robert R; Denver
 Janson, Richard A; Grand Junction
 Jantz, Richard D; Denver
 Jaouen, Richard M; Greeley
 Jardine, Robert L; Denver
 Jared, Roy A II; Denver
 Jarrett, Michael B; Pueblo
 Jaskunas, James M; Denver; Aurora
 Jeffers, Thomas M; Arvada; Golden
 Jeffrey, Ransy L; Fort Collins
 Jekot, Chester B; Wheat Ridge
 Jendry, Ronald J; Evergreen; Conifer
 Jenkins, Raeburn M; Lakewood; Evergreen
 Jennings, R Lee; Denver; Englewood
 Jensen, Laurence G; Pueblo
 Jensen, Susan R; Colorado Springs
 Jepson, Christian N; Colorado Springs
 Jernigan, Randal F; Durango
 Jimenez, Guilebaldo E; Trinidad
 Jimenez, Joseph P; Trinidad
 Jinich, Daniel B; Fort Collins
 Jobe, William E; Englewood; Denver
 Jobe, William L; Denver; Englewood
 Jobin, Michael J; Loveland; Denver
 Johnson, Bennie S; Colorado Springs
 Johnson, Bernarr B; Carbondale
 Johnson, Bruce M; Pueblo
 Johnson, Charles B; Westminster; Golden
 Johnson, David W; Denver
 Johnson, F Bing; Grand Junction
 Johnson, Kent E; Denver; Englewood
 Johnson, Marvin E; Carmichael CA
 Johnson, Melvin A; Denver
 Johnson, R Reed; Denver; Littleton
 Johnson, Richard W; Fort Collins
 Johnson, Robert V; Fort Collins
 Johnson, Robert W; Aurora
 Johnson, Roger F; Denver
 Johnson, Roger M; Greeley
 Johnson, Stephen D; Denver; Golden
 Johnson, Stephen M; Durango
 Johnson, Steven M; Pueblo
 Johnson, Thomas G; Fountain
 Johnson, Vaughn A; Durango
 Johnson, William M; Boulder
 Johnston, Henry M III; Steamboat Springs
 Johnston, J Harvey; Green Valley AZ
 Johnston, Robert P; Aurora
 Johs, Stephen M; Boulder
 Jonassen, Edward A; Denver
 Jones, Arthur F; Wheat Ridge; Lakewood
 Jones, Charles G; Boulder
 Jones, David W; Boulder; Longmont
 Jones, Everette G; Denver; Golden
 Jones, Frederick A; Denver; Golden
 Jones, George D; Denver; Lakewood
 Jones, Harry D; Longmont
 Jones, Paul B; Grand Junction
 Jones, Rodney H; Lakewood
 Jones, Roy W; Denver
 Jones, William A; Fort Collins
 Jorgensen, Roger L; Longmont
 Joseph, Jasmine J; Denver
 Joseph, Norman; Aurora
 Judson, James N; Alamosa

Jung, Bruce R; Greeley
Justin, Ingrid M; Fort Collins
Justin, Renate G; Fort Collins

K

Kading, Steven O; Greeley
Kadler, Karen M; Denver; Golden
Kadlub, Edwin D; Windsor
Kahn, Kenneth A; Boulder
Kahn, Robert J; Greeley
Kail, Thomas J; Wheat Ridge; Denver
Kailasam, Velusamy; Greeley
Kaiser, Dale C; Fort Collins
Kamau, Pius K; Aurora
Kanas, John; Colorado Springs
Kandel, Elisabeth E; Broomfield
Kandel, George E; Denver; Littleton
Kane, Gregory A; Littleton
Kanger, William J Jr; Lakewood
Kaniuk, Marlene F; Boulder
Kano, Jane S; Denver
Kaplan, Herbert; Denver
Kaplan, Max; Denver
Karakusis, Peter H; Denver; Highlands Ranch
Karasek, Dagmar; Denver; Englewood
Karasek, Jan; Denver
Karel, James L; Denver; Wheat Ridge
Karlin, Joel M; Lakewood; Denver
Karsh, Harvey B; Denver; Englewood
Karsh, Lawrence I; Denver
Kasenberg, Thomas P; Loveland
Kassan, Stuart S; Wheat Ridge; Denver
Kasunic, Louis B; Denver
Katchian, Azad; Lakewood
Katz, Kenneth E; Littleton
Katz, Seymour; Englewood
Kaufman, Joel M; Aurora; Littleton
Kauvar, Abraham J; Denver
Kauvar, Kenneth B; Denver
Kayser, Harold L; Littleton
Kearns, Donald H; Denver
Kearns, Roy E; Grand Junction
Keats, William K; Denver
Keefe, Harry R; Salida
Keefe, Jerome L; Cheyenne Wells
Keeler, F Brent; Aurora
Keely, Marjorie L; Grand Junction
Keener, William H; Denver
Kehmeier, Dean F; Durango
Kebble, David L; Denver; Evergreen
Kelley, Ralph L; Pueblo
Kelley, Severance B; Longmont
Kelley, William A; Grand Junction
Kellman, Arlene M; Greeley
Kellum, Donald L; Boulder
Kelly, Barbara Fawcett; Lakewood; Denver
Kelly, Glenn L; Englewood
Kelly, James P; Denver
Kelly, Karen M; Wheat Ridge; Golden
Kelly, Robert R; Alamosa
Kelsall, Charles H; Englewood
Kem, M Richard; Englewood
Kemme, Richard J; Greeley
Kemp, John E; Denver; Highlands Ranch
Kempers, Glenn R; Grand Junction
Kendall, Ralph T; Colorado Springs
Kendall, Wayne F Jr; Colorado Springs; Monument

Kennedy, James R; Colorado Springs
Kennedy, L James Jr; Denver
Kennedy, Louis J; Colorado Springs
Kennedy, Thomas J; Englewood
Kennedy, Timothy C; Denver
Kennison, Herbert B Jr; Denver
Kennison, Warren S; Denver; Golden
Kenny, Catherine E; Colorado Springs
Kent, Emma M; Lakewood
Kent, Robert H; Colorado Springs
Kerr, Richard K; Mesa AZ
Kersey, Dudley H; Colorado Springs
Kesler, Kelvin F; Fort Collins
Kesselman, Stephen E; Aurora
Kessler, Charles J; Thornton; Westminster
Kessler, Charles W; Pueblo
Kessler, Sharon M; Pueblo
Kettering, Lisa S; Littleton
Khan, Iqbal S; Pueblo
Khan, Muhammad F; Denver
Kidder, Lewis A; Mesa AZ
Kief, Jan M; Arvada
Kieft, Larry D; Fort Collins
Kiernan, R Martin; Denver; Monument
Kilpatrick, David M; Sterling
Kim, Kwi Sook; Greeley
Kim, Yu Hong; Greeley
Kimball, N Curtis; Sterling
King, Michael L; Pueblo
King, Otis J Jr; Aurora; Castle Rock
King, Robert A; Littleton
King, Sherilyne J; Pueblo
King, Talmadge E Jr; Denver; Aurora
Kingston, Richard A; Grand Junction
Kinnett, Steven C; Thornton; Denver
Kinzer, Edward J; Johnstown
Kinzie, Jeannie J; Denver; Evergreen
Kinzler, Dale L; Arvada
Kiovisky, Richard D; Aurora
Kipe, Larry W; Craig
Kipter, Roger K; Louisville; Boulder
Kiracofe, H Loudon; Durango
Kircher, Lorence T Jr; Colorado Springs
Kircher, Lorence T III; Colorado Springs
Kirchner, Robert L; Louisville; Boulder
Kirk, John D; Denver
Kirk, Jude J; Pueblo
Kirkpatrick, Douglas H; Denver; Englewood
Kirkpatrick, Glen R; Buena Vista
Kirschman, Edward; Aurora; Englewood
Kirshenbaum, Gerald; Aurora; Englewood
Kiser, Rick E; Greeley
Kistler, Dale C; Denver
Kitlowski, Noel P; Aurora
Klapper, Jack A; Denver
Klein, M G; Grand Junction
Klein, Melvyn H; Denver; Englewood
Klein, Russell C; Golden
Klein, William M; Denver
Kleiner, John P; Colorado Springs
Kleinman, David M; Denver
Klenk, Eugene L; Denver
Klingensmith, William C; Denver; Englewood
Kluck, Clarence J; Englewood
Knapp, H G Robert; Boulder
Knauer, Sally A; Fort Collins
Knaus, Gary D; Carbondale
Knaus, Kendal C; La Junta

Knight, Robert A; Arvada; Golden
Knize, David M; Englewood
Knockendoffel, Richard A; Grand Junction
Knopper, Morton P; Longmont; Boulder
Kobayashi, Thomas K; Denver
Koehn, Gerard G; Colorado Springs
Koelsch, Harmut W; Longmont
Koepke, Jerald W; Denver; Littleton
Koh, Kilsan; Boulder
Kolberg, Bruce H; Englewood
Kolrud, Bonita L; Westminster
Konigsberg, Robert A; Arvada; Littleton
Konopka, Derek J; Denver
Kopelman, J Joshua; Aurora
Kornberg, James P; Boulder
Kort, Haydee C; Pueblo
Kort, W Thomas; Lakewood; Littleton
Kortz, Allan B; Englewood; Denver
Kortz, Warren J; Englewood
Kosiak, Brian J; Aurora
Kosmicki, Patrick W; Denver; Englewood
Koukol, David C; Colorado Springs
Kovach, Drew A; Arvada
Kovachy, Robin J; Englewood; Aurora
Kovarik, Joseph L; Englewood
Kowal, Ira J; Englewood; Littleton
Kozloff, Stephen R; Greeley
Kraft, Elizabeth S; Littleton; Denver
Kramer, Ryan; Lakewood
Kramish, David; Denver
Kraus, G Thomas; Aurora
Krause, David C; Pueblo
Krause, Kenneth D; Aurora; Denver
Krauser, William J; Durango
Krauth, Lee E; Wheat Ridge; Evergreen
Krebs, Jeffrey J; Castle Rock
Krebs, Richard A; Wheat Ridge
Kreider, Larry W; Golden; Arvada
Krekorian, Edmund A; Denver; Aurora
Kreutzer, Erik W; Lakewood; Denver
Kreye, George M; Littleton
Krichbaum, Franklin M; Lakewood
Krichevsky, Paul; Lakewood; Golden
Krieger, Gary R; Denver; Boulder
Kroger, J Stephen; Longmont
Krohn, Kelly D; Denver
Krueger, Albert R; Meeker
Kruglet, Donald G; Fort Morgan
Kruse, Robert L; Englewood
Ksiazek, Karen; Denver
Kubitschek, William R; Mesa AZ
Kucera, John L; Colorado Springs
Kucinski, Chester S; Colorado Springs
Kuhlman, William K; Colorado Springs
Kuhn, Kathleen R; Aurora; Denver
Kuisle, Hans R; Boulder
Kukral, Albert J; Lakewood
Kulik, Janice E; Pueblo
Kulp, Robert L; Brush
Kuna, Gupta B; Pueblo
Kurica, Kenneth B; Colorado Springs
Kurland, Stanley K; Denver
Kurtz, Michael L; Aurora; Denver
Kuruvila, K Chakko; Denver; Aurora
Kutalek, Kenneth J; Evergreen
Kuykendall, Fred D; Greeley

L

LaBaw, Wallace L; Denver
 Labouisse, David W; Alamosa
 Lackey, Charles W; Frisco
 Lacy, George M; Denver; Englewood
 Laforce, Richard F; Sterling
 Lagerborg, Vincent A; Denver
 Lain, Douglas; Colorado Springs
 Laitos, Mark M; Longmont
 Laman, Muryl L; Pueblo
 Lamb, Richard C; Sterling
 Lamb, Rodney L; Englewood
 Lambert, John C; Montrose
 Lammertse, Daniel P; Englewood
 LaMotte, Gary A; Pueblo
 Lampe, John A; Wheat Ridge; Denver
 Lampe, John M; Denver
 Landis, Henry; Litchfield Pk AZ
 Landon, F Rodman; Colorado Springs
 Lane, Richard A; Boulder
 Lang, Carol L; Aurora; Arvada
 Langendoerfer, Sharon I; Denver
 Langley, James W; Golden
 Langstaff, Samuel H; Littleton
 Lanier, Dennis M; Denver
 Lanig, Indra S; Englewood
 Lapidus, Robert J; Wheat Ridge; Evergreen
 Laprise, Paul M; Pueblo
 Larimer, Craig W; Colorado Springs
 Larkin, James M; Colorado Springs
 Larkin, Thomas P; Denver; Englewood
 Larremore, Theodore W; Denver; Wheat Ridge
 Larsen, James J; Pueblo
 Larson, Dennis G; Fort Collins
 Larson, Wallace K; Colorado Springs
 Lasater, Gene M; Englewood
 Lashlee, Cecil H III; Denver
 Latchaw, Richard E; Englewood
 Lattes, Robert; Denver; Englewood
 Laubach, Sherri J; Lakewood
 Lauer, James W; Denver
 Lausterer, Jack K; Berthoud; Loveland
 Lavanway, James M; Colorado Springs
 LaVoo, John W; Colorado Springs
 Lavrinets, David A; Longmont
 Law, Dennis K; Wheat Ridge; Littleton
 Law, Jay D; Englewood
 Law, Ronald K; Denver; Englewood
 Lawrence, Richard A; Pueblo
 Lawrence, W Stewart; Denver
 Lawshe, Barry; Colorado Springs
 Lawton, Susan; Fort Collins
 Layden, Donna; Denver
 Lazaroff, Alan; Denver; Englewood
 Lazarus, Jeremy A; Englewood
 Leahy, Richard D; Denver
 Leavitt, Timothy W; Wheat Ridge; Arvada
 LeBlanc, Randy D; Meeker
 LeBow, John R; Aurora; Castle Rock
 Leder, Eric H; Denver
 Leder, Max M; Denver
 Leder, Robert; Denver; Englewood
 Lee, Michael J; Lamar
 Lee, Robert K; Denver
 Lee, Russell M; Colorado Springs
 Lee, William H; Littleton; Castle Rock
 Lefkowitz, Donald J; Denver

Leidholt, John D; Denver
 Leight, Harold C; Denver
 Leistikow, David C; Broomfield
 Leitch, William H; Denver
 Lembitz, Alan M; Greeley; Loveland
 Lembitz, Deanne D; Loveland
 Lemon, John C; Aurora; Englewood
 Lennon, Kelly M; Littleton
 Leo, Jan E; Denver
 Leonard, Michael W; Denver; Evergreen
 Leonardi, Leo J; Salida
 Lepisto, Carl A; Grand Junction
 Lepoff, Ronald B; Denver
 Lepore, Michael L; Aurora; Denver
 Leppla, Leslie A; Greeley
 Lerch, Andrea M; Colorado Springs
 Lesage, Charles H Jr; Wheat Ridge
 Lesznik, George R; Aurora; Denver
 Levenson, Ian R; Aurora; Englewood
 Levin, Paula R; Aurora; Highlands Ranch
 Levine, Joel S; Denver
 Levine, Mark A; Englewood; Aurora
 Levinson, Mark B; Aurora; Denver
 Levisohn, Leonard W; Denver
 Levisohn, Paul M; Denver
 Levitt, Peter W; Denver
 Levy, Irwin B; Denver
 Levy, Jeffrey A; Denver
 Lewis, Barton L; Colorado Springs
 Lewis, David A; Las Vegas NV
 Lewis, Evan L; Denver
 Lewis, Frederick A Jr; Englewood
 Lewis, Jeanne D; Boulder
 Lewis, Leonard A; Miami FL
 Lewis, Paul K Jr; Boulder
 Lewis, Philip L; Denver
 Lewis, Roger R; Englewood
 Lewis, Ted T; Colorado Springs
 Ley, Eugene B; Canon City
 Ley, James W; Haxtun
 Licona, Virgilio; Avondale; Blende
 Liddle, Edward B Jr; Colorado Springs
 Lienert, R Eugene; Denver; Englewood
 Light, Mason M; Gunnison
 Light, Ruth L; Pueblo; Colorado Springs
 Lightburn, John L; Denver; Golden
 Likes, Edwin C; Lamar
 Lillehei, Kevin O; Denver
 Lillis, Patrick J; Loveland
 Lillydahl, William C; Boulder
 Lim, Meng Lai; Greeley
 Lince, Deborah M; Colorado Springs
 Lindberg, James P; Denver; Golden
 Lindell, Kevin V; Fort Morgan
 Lindeman, George M; Colorado Springs
 Linden, Robert A; Alamosa
 Lindenbaum, Barry L; Aurora; Englewood
 Lindenbaum, Stephen D; Aurora; Englewood
 Linder, Robert O; Aurora
 Lindquist, Timothy C; Greeley
 Lindquist, Valdemar A Y; Denver; Golden
 Lingle, James R; Englewood
 Lininger, Thomas R; Greeley
 Link, David B; Littleton
 Linn, David D; Conifer
 Linnemeyer, Robert F; Grand Junction
 Lipkin, Alan F; Denver; Englewood
 Lippman, Bruce D; Glenwood Springs

Lipscomb, William R; Tucson AZ
 Lischwe, Thomas J; Broomfield; Boulder
 Lissauer, Werner A; Denver
 List, James E; Denver; Littleton
 Little, Kenneth R; Colorado Springs
 Litvak, John; Denver
 Livingston, Wallace H; Denver
 Ljunghag, Susan E; Englewood
 Lloyd, Leo W; Durango
 Lloyd, William E; Colorado Springs
 Loar, Michael; Littleton
 Locketz, Harold D; Denver
 Loeffel, Edwin J Jr; Buena Vista
 Loeffler, Anna T; Englewood
 Loeffler, Richard T; Aurora; Littleton
 Loeffler, Robert D; Denver
 Loehr, Richard E; Colorado Springs; Woodland Pk
 Loepke, Ronald R; Greeley
 Loken, Arnold B; Littleton
 Lokey, Hamilton Jr; Wheat Ridge
 Lombardi, James C; Denver
 London, Scott F; Denver
 Long, Aaron D; Grand Junction
 Long, David M; Westminster; Boulder
 Lopez, Edward M; Sterling
 Lopez, William Jr; Fort Collins
 Lopez-Samayoa, Omar E; Julesburg
 Lord, Edward L; Aurora
 Lord, Jonathan G; Greeley
 LoSasso, Carl J; Fort Collins
 Losasso, Leonard J; Aurora; Englewood
 Lotman, Alfred C; Denver
 Lovejoy, Brent V; Denver
 Lovell, Kenneth R; Colorado Springs
 Lowe, Thomas G; Wheat Ridge; Lakewood
 Lowe, Walter R; Steamboat Springs
 Lowell, David H; Denver; Englewood
 Lower, Dennis L; Greeley
 Lowry, Hope; Englewood
 Loyd, Robert G; Wray
 Lubchenko, Lula O; Denver
 Lubchenko, Michael A; Denver
 Lucas, John L; Denver; Littleton
 Lucas, Madison J; Lakewood; Morrison
 Luckasen, Gary J; Fort Collins
 Lucy, Daniel R; Wheat Ridge
 Ludwin, Gary A; Fort Collins
 Luebbert, Steven J; Colorado Springs
 Luebke, Donald C; Pueblo
 Lueck, Roger A; Englewood; Aurora
 Luethke, James M; Aurora; Denver
 Lugenbill, Cheryl A; Fort Collins
 Lujan, Diana L; Greeley
 Lumian, Daniel R; Denver; Littleton
 Lund, Cynthia J; Colorado Springs
 Lundgren, John C; Julesburg
 Luter, Patrick W; Durango
 Luttenegger, Thomas J; Fort Collins
 Luzietti, Richard G; Aurora; Littleton
 Lynn, John T III; Colorado Springs

M

Macaluso, Frank A Jr; Denver
 MacCarter, Daryl K; Denver
 MacFarlan, Sherburne M; Boulder
 Machanic, Bennett I; Denver
 Mack, Marjorie A; Aurora

- Mack, Robert P; Denver
 Mackell, Paul E; Boulder
 Mackey, Jack L; Sterling
 Mackey, Winona R; Pueblo; Colorado Springs
 Madean, James E; Grand Junction
 MacLeod, William A J; Alamosa
 MacMillan, Hugh A; Denver
 Macomber, Douglas W; Denver
 MacPhee, William M; Aurora; Denver
 Macsalka, Mary A; Boulder
 Macsalka, Robert E; Boulder
 Madan, Veena; Denver
 Madison, David S; Englewood; Denver
 Madsen, Mark C; Grand Junction
 Maercklein, Wallace W; Evergreen
 Maestas, Gilbert B; Denver
 Magee, Archie E; Grand Junction
 Maggiore, John R; Glenwood Springs
 Magill, Charles D; Englewood
 Magraw, Bronwen J; Palisade
 Magsamen, B F; Fort Collins
 Mahony, Thomas H III; Colorado Springs
 Mahony, Thomas H Jr; Denver
 Mains, Charles W; Wheat Ridge; Golden
 Major, Francis J; Denver; Englewood
 Major, James C; Greeley
 Major, Joseph J; Aurora; Englewood
 Makowski, Anthony J III; Highlands Ranch
 Malburg, Bernard J; Westminster; Denver
 Maloney, J Michael III; Denver
 Maloney, John D; Fort Collins
 Malowney, Robert C; Englewood
 Manalo, Antonio S; Springfield
 Manart, Frank D; Denver
 Mandel, Mickey J; Denver; Englewood
 Manfre, Kenneth; Aurora; Englewood
 Mangione, Ellen J; Denver
 Mangione, William J; Aurora; Denver
 Mangum, William K; Greeley
 Manguso, Robert L; Aurora
 Manhart, Harold E; Montrose
 Manhart, Richard A; Montrose
 Maniatis, William N; Aurora
 Manier, Stephen M; Aurora
 Manke, William F; Denver; Englewood
 Mann, James G; Denver
 Mansour, M Ashraf; Denver; Aurora
 Manuele, Mark A; Denver
 Marasco, Paul B; Grand Junction
 Marbry, George W; Boulder
 Marcelo, Teresita R; Denver
 Marcotte, Dale D; Boulder
 Maresh, Gerald S; Englewood
 Markel, William R; Broomfield
 Markewich, Gary S; Colorado Springs
 Markey, Joseph W; Boulder
 Markham, Allen M Jr; Denver
 Markovchick, Vincent J; Denver; Golden
 Marks, Galen D; Brighton; Erie
 Markson, Jay A; Denver
 Marritt, Emanuel; Englewood
 Marsh, Randall C; Greeley
 Marsh, Stuart G; Pueblo
 Marta, John A; Colorado Springs
 Martin, Christopher H; Sun City AZ
 Martin, Cynthia L; Littleton
 Martin, Eva; Fort Collins
 Martin, Theodore E; Rocky Ford
 Martin, Travis W; Vail
 Martin, William M; Aurora
 Martinez, Benjamin; Pueblo
 Martz, David C; Colorado Springs
 Maruca, Joseph; Grand Junction
 Maruyama, Herbert H; Lakewood
 Marx, Johann R; Denver
 Marx, John A; Denver
 Mason, Ronal B; Glenwood Springs
 Mason, Ulysses G III; Denver
 Masoud, Abdul S; Cheyenne Wells
 Mass, Ann M; Aspen
 Massey, Benjamin H; Pueblo
 Mastro, Edward R; Pueblo
 Matchett, Kenneth M Jr; Grand Junction
 Mateskon, Charles A; Denver
 Mathe, Richard A; Denver
 Matheson, George W; Colorado Springs
 Matheson, Michael R; Denver
 Matthews, David S; Colorado Springs
 Matthews, Frank D; Denver
 Mauk, Joyce E; Denver
 Maul, Herman S; Lakewood; Denver
 Maulitz, Robert M; Denver
 Maurer, Lawrence E; Boulder
 Maxwell, George S; Longmont
 Maxwell, James C; Denver; Littleton
 Maxwell, James H; Colorado Springs
 Maxwell, Mary S; Boulder
 May, Richard G; Denver
 Mayeda, Douglas V; Colorado Springs
 Mayeda, Thomas K; Littleton
 Mayer, David M; Grand Junction
 Mays, James M; Fort Collins
 Maytum, Helen E; Denver
 McAuliffe, Gregory F; Alamosa
 McBurney, James W; Pueblo; Sun City West AZ
 McCaffrey, Paul P; Pueblo
 McCall, Janis R; Greeley
 McCallister, Dianne E; Denver
 McCallon, T Dwaine; Buena Vista
 McCallum, Douglas G; Denver
 McCannless, James W; Pueblo
 McCarthy, Howard L; Englewood
 McCarthy, Liam D; Littleton
 McCarthy, Thomas T; Colorado Springs
 McCartney, Robert D; Denver
 McCarty, David W IV; Longmont
 McCarty, William K; Colorado Springs; Manitou Springs
 McCauley, John R; Longmont
 McCaulley, Mark E; Steamboat Springs
 McCaw, William W Jr; Denver
 McClean, Charles K; Denver
 McCleary, Edward L; Denver
 McClellan, Charles W; Colorado Springs
 McClellan, Michael D; Denver
 McClintock, Homer G; Denver
 McCloskey, Thomas T; Englewood
 McClung, Harvey W; Pueblo
 McClure, Scott H; Colorado Springs; Englewood
 McColl, Harry A Jr; Colorado Springs
 McConnell, Peter J; Delta; Windsor
 McCoy, James A; Colorado Springs
 McCranie, Ronald E Jr; Denver
 McCreedy, Gordon J; Wheat Ridge; Lakewood
 McCreedy, Philip A; Wheat Ridge
 McCreery, Richard A; Colorado Springs
 McCrory, Charles B; Brighton
 McCroskey, Brian L; Denver
 McCulloch, Alexander T Jr; Colorado Springs
 McCurdy, Robert E; Denver
 McDaniel, David B; Grand Junction
 McDaniel, Janice R; Grand Junction
 McDivitt, Robert B; Greeley
 McDonald, Clark E; Denver
 McDonald, Keith M; Denver
 McDonald, Roderick J Jr; Denver; Littleton
 McDonnell, Gerald E; Fowler
 McDonnell, Michaela W; Lakewood
 McDonough, Gilbert L; Denver
 McDowell, Marion E; Denver
 McElfattrick, Robert A; Denver
 McElhinney, James P; Denver
 McElwee, Hugh P; Fort Collins
 McFadden, Donna L; Grand Junction
 McFarland, Douglas M; Trinidad
 McFarland, Osmyn W; Boulder
 McFarlane, Ann D; Aspen
 McFee, John G; Denver
 McGarry, Joseph T; Florence
 McGeary, Thomas M; Denver
 McGee, Hugh J Jr; Wheat Ridge; Golden
 McGill, Joseph J; Denver
 McGinnis, James G; Fort Collins
 McGlone, Frank B; Denver; Littleton
 McGowan, Robert A; Buena Vista
 McGroarty, Saralee R; Longmont; Boulder
 McGuire, Brian M; Westminster; Lakewood
 McHugh, Robert L; Alamosa
 McIlroy, Richard H Sr; Pueblo
 McInerney, John R Jr; Golden
 McInnis, Timothy J; Denver
 McIntyre, Donald O; Lakewood
 McKenna, Michael P; Longmont; Loveland
 McKenna, Robert L; Denver
 McKinney, Gary E; Canon City
 McKinnon, Douglas A; Denver
 McKnight, James H Jr; Sterling
 McLain, Phil C III; Estes Park
 McLauchlan, Lois; Littleton; Denver
 McLaughlin, John D; Aurora
 McLean, Anne B; Lakewood; Denver
 McMahon, B Thomas; Denver
 McMahon, Charles D; Colorado Springs
 McMahon, Richard T; Denver
 McMillan, Michael J; Highlands Ranch
 McMillin, Kim I; Denver; Englewood
 McMullen, Craig T; Colorado Springs
 McMullen, James W; Colorado Springs
 McMullen, R Bard; Colorado Springs
 McMurren, Jay W; Gunnison
 McNally, Michael J; Colorado Springs
 McNeely, Lee K; Denver
 McQuaid, James L; Denver
 McVicker, John H; Greeley
 McWilliams, John E; Colorado Springs
 Meacham, Stephen R; Grand Junction
 Mead, Daina C; Louisville
 Meagher, David P Jr; Denver; Golden
 Meals, Samuel A; Denver
 Meason, Thomas M Jr; Grand Junction
 Mebane, David M; Montrose
 Medlin, Barbara B; Fort Collins
 Meeuwssen, James W; Pueblo
 Mehler, Philip S; Littleton; Denver

MEHLER—NAUTS

Mehler, Robert E; Boulder
 Mehos, William G; Salida
 Mehra, Promilla; Wheat Ridge; Lakewood
 Mehta, Pushpa S; Aurora; Englewood
 Mehta, Sunder J; Denver; Englewood
 Mehta, Uday K; Pueblo
 Meinert, William J; Denver
 Meister, Edward J; Denver
 Melia, Larry D; Denver
 Melinkovich, Paul; Denver; Evergreen
 Mellinger, William J; Fort Morgan
 Melmed, M Herzl; Englewood
 Meltzer, Gerald E; Denver; Englewood
 Melzer, Robert B; Denver; Englewood
 Mencini, Raymond A; Denver; Aurora
 Menconi, Lawrence R; Westminster; Denver
 Mendez, William H; Denver
 Mendoza, Carlos A; Westminster
 Menhusen, Monty J; Denver
 Menter, Robert R; Englewood
 Menzel, Mark L; Boulder
 Mercer, Jeannette Y; Windsor
 Meredith, Keith S; Colorado Springs
 Merkel, Lawrence A; Fort Collins
 Merkel, William D; Grand Junction
 Merkert, George L Jr; Colorado Springs
 Merrick, Thomas A; Denver
 Merrill, Joseph G; Grand Junction
 Merritt, Edward G; Dolores; Cortez
 Messenbaugh, Robert L; Wheat Ridge; Denver
 Messerli, Patrick K; Denver
 Messner, Duane G; Lakewood
 Messner, Milo L; Colorado Springs
 Mestas, T Robert; Denver; Highlands Ranch
 Meyer, John E; Boulder
 Meyer, Maryethel; Lakewood
 Meyer, Ronald C; Wheat Ridge; Lakewood
 Meyer, Ronald W; Gunnison
 Meyers, Barry E; Denver
 Meyers, J Kim; Gunnison
 Meza, Felix; Denver
 Michael, Joyce E; Colorado Springs
 Michailov, Dimiter V; Pueblo
 Michalek, Michael; Denver
 Michelson, Abraham K; Aurora; Englewood
 Mijer, Frits; Denver
 Mikles, Devin A; Aurora; Denver
 Miklin, Jerry S; Wheat Ridge
 Milano, William J; Loveland
 Miles, Norman A; Louisville
 Miles, Vincent N; Denver; Castle Rock
 Miles, Wilfred W; Aurora
 Miller, Alvin P; Denver
 Miller, Bradford R; Aurora
 Miller, Burdette L; Estes Park
 Miller, David C; Lakewood; Wheat Ridge
 Miller, Denise M; Longmont
 Miller, E Eugene; Colorado Springs
 Miller, Edward S; Denver
 Miller, Eugenia M; Aurora
 Miller, Gerald M; Denver
 Miller, J Brian; Colorado Springs
 Miller, James A; Fort Morgan
 Miller, John L; Canon City
 Miller, Katherine M; Canon City
 Miller, Meredith H; Englewood; Littleton
 Miller, Paul D; Lakewood; Wheat Ridge
 Miller, Roger W; Pueblo

Miller, Ted W; Pueblo
 Miller, Terry D; Wheat Ridge; Arvada
 Miller, Thomas E; Grand Junction
 Miller, Wayne A; Denver; Evergreen
 Miller, William B; Lakewood
 Milligan, Gatewood C; Englewood
 Mills, John W; Greeley
 Mink, Barry D; Aspen
 Minton, Douglas G; Wheat Ridge
 Minzer, Eugene R; Denver
 Mishell, Jeffrey L; Denver
 Mitchell, Orderia F; Colorado Springs
 Mitchell, Roger S; Denver
 Modlin, Richard A; Colorado Springs
 Moehring, Roswitha; Denver
 Moffatt, Thomas W; Littleton; Lakewood
 Mogab, John C; Greeley
 Mohler, Philip J; Grand Junction
 Mohr, Gary Alan; Canon City
 Moison, Susan A; Denver
 Moldauer, Leslie; Denver
 Molk, Barry L; Aurora
 Molk, Kevin J; Littleton
 Molk, Leizer; Denver
 Momii, Dick D; Denver
 Monahan, E P Jr; Craig
 Monheit, Peter I; Denver; Englewood
 Monsour, James W; Denver
 Montana, Margaret A; Denver
 Montbriand, Joel R; Boulder
 Montgomery, Eva; Lakewood; Littleton
 Montrey, Jill S; Aurora; Denver
 Moo-Young, George A; Denver
 Moon, Arlie L; Yucaipa CA
 Moon, William A Jr; Denver
 Mooney, Herbert S Jr; Longmont
 Moore, Cyril S C; Denver
 Moore, Donald B; Boulder
 Moore, Ernest E Jr; Denver
 Moore, Frederick A; Denver
 Moore, Gene H; Colorado Springs
 Moore, George E; Denver; Conifer
 Moore, John B; Wheat Ridge; Lakewood
 Moore, John T; Aurora; Highlands Ranch
 Moore, Larry A; Colorado Springs
 Moore, Michael L; Denver; Englewood
 Moore, Patrick T; Denver; Englewood
 Moore, Randy L; Denver
 Moore, Rebecca L; Colorado Springs; Monument
 Moore, Richard H; Louisville; Boulder
 Moore, Timothy J; Pueblo
 Moore, Virginia M; Englewood; Littleton
 Moorhead, Kenneth D; Boulder
 Moorman, Lemuel T; Denver; Aurora
 Moothart, Richard W; Colorado Springs
 Moran, Patrick G; Grand Junction
 Moran, Patrick L; Boulder
 Morgan, Albert; Denver
 Morgan, Alethia E; Pueblo
 Morgan, Alma R; Fort Collins
 Morgan, David L; Englewood; Littleton
 Morgan, George T; Colorado Springs
 Morley, Alexander K III; Frisco
 Morrell, Don L; Denver
 Morrell, Robert M; Sun City AZ
 Morris, Dorothy L; Arvada
 Morrison, John D; Denver; Littleton
 Morse, Jeffrey M; Durango

Morton, David E; Pueblo
 Morton, G Thomas; Glenwood Springs
 Mosby, James R; Wheat Ridge; Evergreen
 Moser, Edgar A; Denver
 Mosko, Joel; Denver
 Moss, G Wayne; Lakewood
 Mossberg, C Eugene; Longmont
 Mote, Paul S; Colorado Springs
 Motl, John M; Fort Collins
 Motley, Robert F; Montrose
 Moulton, Jeffrey S; Denver; Englewood
 Mountain, Richard D; Denver; Littleton
 Moyer, John P; Evergreen
 Mozia, Nelson I; Wheat Ridge; Golden
 Mrozek, John R; Colorado Springs
 Mubarak, Asa'ad A; Wheat Ridge; Englewood
 Mueller, Edward E; Pueblo
 Mueller, John F; Denver
 Muffly, James T; Englewood
 Muftic, Michael; Denver
 Muir, Bennett W; Parker
 Mulligan, Michael Patrick; Broomfield
 Mullinaux, Ernest B; Aurora
 Mumma, Donna L; Aurora; Castle Rock
 Munch, David M; Aurora; Englewood
 Munro, George F; Brighton
 Munson, Wayne M; Colorado Springs
 Munson, William A; Colorado Springs
 Murahata, Sue A; Denver
 Murchison, William G; Pueblo
 Murley, Gordon D; Pueblo
 Murphy, Alan R; Colorado Springs
 Murphy, Carla E; Denver; Golden
 Murphy, Daniel S; Denver
 Murphy, David M; Englewood
 Murphy, James T; Boulder
 Murphy, Joseph M; Durango
 Murphy, Lawrence E; Fort Collins
 Murray, Douglas M; Fort Collins
 Murray, Garvin C; Loveland
 Murray, Ives P; Greeley
 Murray, Ronald S; Englewood
 Murthy, Krishna C; Fort Collins
 Mushinsky-Tralles, Ann V; Denver; Aurora
 Musman, David J; Englewood
 Musso, Carlo A; Denver
 Muth, John B; Colorado Springs
 Mutz, Austin; Denver
 Myers, Burton S; Englewood
 Myers, James M; Colorado Springs
 Myers, John A; Aurora; Englewood
 Myers, R Douglas; Lakewood; Golden
 Myers, Steven R; Colorado Springs

N

Nagorka, Anthony; Denver
 Nakakuki, Masafumi; Denver
 Nakano, Jeffrey M; Grand Junction
 Nakano, Sherry G; Grand Junction
 Napoli, J Nicholas; Lakewood
 Narrod, James A; Denver
 Narvaez, Roger W; La Junta
 Nash, Daniel A; Pueblo
 Nash, Rex D; Colorado Springs
 Nason, Herbert M; Alamosa
 Nathan, Robert A; Colorado Springs
 Nauts, Ruth B; Aurora; Littleton

Nay, Leston B; Littleton; Denver
 Nazeri, Bahman; Denver
 Neal, Billy J; Lakewood; Wheat Ridge
 Near, Alida R; Castle Rock
 Needell, William M; Colorado Springs
 Needham, Merl E; Denver; Littleton
 Neeley, George R; Wheat Ridge; Evergreen
 Neerukonda, Shanti K; Aurora
 Neff, William A; Fort Collins
 Nelson, Nancy E; Denver
 Nelson, Roy G; Louisville
 Nelson, William R; Denver
 Nemeth, Clifford J; Loveland
 Nerenberg, Michael J; Pueblo
 Netz, Howard E; Lakewood
 Nevarez, Max A Jr; Cedaredge
 Nevin-Woods, Christine R; Pueblo
 Nevison, Thomas O; Denver
 Nevriy, Thomas; Fort Collins
 Newcomer, John A; Colorado Springs
 Newens, Adrian F; Denver
 Newlin, Carol M; Fort Collins
 Newman, Lee S; Denver
 Newsom, Marilyn M; Boulder
 Nibbe, Albert F; Wheat Ridge; Lakewood
 Nichalson, Stephen S; Lakewood; Littleton
 Nichol, Thomas W; Estes Park
 Nickell, Leo C; Englewood
 Nicks, Frank I Jr; Colorado Springs
 Nicolay, Donald L; Boulder
 Nieder, Robert M; Englewood
 Nieland, Leo J; Denver
 Nielsen, Peter G; Colorado Springs
 Nietfeld, Harlan W; Pueblo
 Ning, Theodore C Jr; Wheat Ridge; Evergreen
 Niska, Lois R; Denver
 Nissim, Joseph J; Longmont; Boulder
 Noble, Michael J; Colorado Springs
 Noblett, Deane L; Colorado Springs
 Nofsinger, Kenton D; Aurora; Englewood
 Nonas, Nicholas G; Englewood; Denver
 Nordin, John R; Lakewood; Littleton
 Nordstrom, David M; Colorado Springs
 Norfleet, Larry B; Colorado Springs
 Norrgran, Cynthia L; Englewood
 Norrie, Thomas K; Fort Collins
 Norris, Andrew M; Fort Collins
 Norton, John D; Colorado Springs
 Norton, John T; Denver; Parker
 Norton, Philip H; Aurora; Denver
 Novak, Deborah W; Grand Junction
 Nowick, Martin E; Aurora; Englewood
 Nusca, Margaret T; Monument
 Nuss, Donald D; Aurora
 Nutting, Burtis E; Glenwood Springs
 Nye, John R; Denver
 Nygaard, Airell L; Denver
 Nyhus, Ralph E; Denver; Lakewood
 Nystrom, Jillane K; Aurora
 Nystrom, John S; Glenwood Springs
 Nystrom, Robert R; Aurora

O

O'Briant, Charles R; Denver
 O'Brien, Martin E; Englewood; Littleton
 O'Connor, J William; Lakewood; Englewood
 O'Connor, Sharon E; Littleton

O'Dell, Robert A; Aurora; Denver
 O'Donnell, James A; Glenwood Springs
 O'Donnell, James J; Colorado Springs
 O'Donnell, Richard S; Denver; Englewood
 O'Donnell, Sean C; Colorado Springs
 O'Leary, Michael P; Denver
 O'Loughlin, Edward P; Denver; Aurora
 O'Meara, Owen P; Denver; Englewood
 O'Neal, Jean P; Greeley
 O'Neill, Eugene T; Englewood
 O'Neill, John J; Fort Collins
 O'Rourke, P Terrence; Colorado Springs
 Oakes, Frederick C Jr; Glenwood Springs
 Oakley, Robert D; Denver; Littleton
 Ochsner, Ronald C; Englewood; Littleton
 Odekirk, Larry L; Aurora; Castle Pines
 Oden, Robert R; Aspen
 Odom, John A Jr; Lakewood; Wheat Ridge
 Oelrich, Carl D; Greeley
 Ogden, McAlpine P; Boulder
 Ogsbury, James S III; Wheat Ridge; Greenwood Village
 Ogura, George I; Denver
 Ohlsen, Joel D; Pueblo; Rye
 Okin, J Thos; Denver
 Olds, Kenneth M; Greeley
 Olijnyk, Irene; Longmont
 Oliphant, Manford M Jr; Denver; Littleton
 Oliveira, Mario M; Colorado Springs
 Olivier, Brian D; Colorado Springs
 Ollhoff, Harold J; Sterling
 Olsen, Eric B; Denver
 Olsen, Gerald M; Fort Collins
 Olshock, Richard; Wheat Ridge
 Olson, Dennis H; Wheat Ridge; Evergreen
 Olson, Mark R; Limon
 Olson, Neiland R; Colorado Springs
 Olson, Robert H; Wheat Ridge; Golden
 Olvey, Stuart K; Colorado Springs
 Onat, Maurine; Denver; Englewood
 Opatowski, Michael B; Denver
 Oppegard, Charles R; Englewood; Denver
 Oppenheim, Walter H; Wheat Ridge
 Oppenheimer, David A; Boulder
 Oram-Smith, Jeffrey C; Colorado Springs
 Orr, Edwin R; Fruita
 Orr, Gretchen L; Denver
 Orr, William F Jr; Denver
 Orton, Paul W; Highlands Ranch; Littleton
 Orzel, Joseph A; Denver; Littleton
 Osa, Steven R; Denver; Littleton
 Osborn, Mark M; Pueblo
 Osborne, Richard B; Greeley
 Oster, Lewis H Jr; Denver
 Otsuka, Alvin L; Denver
 Otteman, Merlin G; Fort Collins
 Overshiner, Kay L; Denver
 Overturf, Bruce R; Fort Morgan
 Owens, J Cuthbert; Denver; Englewood
 Oxman, Albert C; Denver

P

Paap, Jack I; Colorado Springs
 Pace, R Scott; Greeley
 Pacheco, Jose P; Westminster
 Pacini, David L; Grand Junction
 Pacini, Donald R; Grand Junction

Packer, Robert H; Englewood; Littleton
 Padrnos, Richard E; Boulder
 Padua, Steve A; Ridgway
 Paessun, Rebecca J; Denver
 Page, Donald F; Canon City
 Painter, M Ray Jr; Glenwood Springs
 Pajon, Eduardo R Jr; Aurora; Parker
 Palmer, Walter Lincoln; Chicago IL
 Palmieri, Anthony J; Aurora
 Palmquist, David L; Denver
 Palu, Margaret E; Fort Morgan
 Pang, Herman; Denver; Englewood
 Panter, Edward G; Denver
 Panter, Kent W; Denver
 Panter, Nancy L; Lakewood; Denver
 Papadeas, Gregory G; Wheat Ridge; Denver
 Papenfus, Kurt F; Aspen; Snowmass
 Pappas, George; Denver; Littleton
 Paquette, Frederick R; Grand Junction
 Pardos, George J; Denver
 Parker, John T; Fort Collins; Westminster
 Parker, Joseph J Jr; Grand Junction
 Parker, Kay C; Denver; Morrison
 Parker, Richard K; Denver
 Parker, Robert W; Westminster
 Parker, Steve H; Englewood
 Parkhurst, Aaron E; Greeley
 Parkinson, Wendy M; Denver
 Parks, B Jefferson; Wheat Ridge
 Parry, Lynn; Lakewood; Littleton
 Parry, Thomas M; Edgewater; Lakewood
 Parsons, Debra J; Denver
 Parsons, Donald W; Denver; Littleton
 Parsons, Sally A; Greeley
 Partington, Cyrus W; Fort Carson; Colorado Springs
 Pash, Robert; Denver
 Patel, Dayalji D; Thornton; Westminster
 Paton, Bruce C; Denver
 Patt, Richard A; Aurora
 Patten, Albert M; Denver
 Patterson, Charles R; Ault
 Patterson, David K; Alamosa
 Patterson, James R; Englewood
 Patterson, Joseph H; Englewood
 Patterson, Robert B; Loveland
 Patterson, Stuart A; Fort Collins
 Patterson, William R; Grand Junction
 Patridge, Mark F; Golden
 Patz, David S; Grand Junction
 Paul, David H; Vail
 Paulsen, Mark M; Fort Collins
 Payea, Norman P II; Lakewood; Wheat Ridge
 Paz, F Mark; Westminster
 Peacock, William F; Littleton
 Peak, James W; Montrose
 Pear, Bert Lincoln; Denver
 Pearlman, David S; Aurora; Englewood
 Pearlman, Mark H; Aurora; Englewood
 Pearse, Jack H; Yuma
 Pearse, John R; Thornton
 Pebler, Richard F; Limon
 Peceovich, Mark; Pueblo
 Peck, Mordant E; Denver
 Pederson, Janet L; Aurora
 Peetz, Michael E; Greeley
 Peetz, Shelley L; Greeley
 Pemberton, James P; Pueblo
 Pence, Tom K; Colorado Springs

PENN—REIN

Penn, Eugene C; Aurora
 Penner, Clyde E; Englewood
 Pensack, Robert J; Steamboat Springs
 Peoples, Grant; Aurora
 Peppers, Tracy D; Denver
 Percefull, Sabin C; Englewood
 Perlman, Daniel M; Denver
 Perna, John L; Leadville
 Perreten, Frank A; Denver
 Perrott, Walter W III; Colorado Springs
 Perry, Carmel P; Colorado Springs
 Perry, Robert B; Littleton
 Persoff, Michael; Denver; Aurora
 Persoff, Nathan S; Englewood; Denver
 Peshock, James R; Boulder
 Peters, Bruce H; Colorado Springs
 Petersen, Gordon W; Denver
 Petersen, Warren A; Grand Junction
 Peterson, Craig A; Denver
 Peterson, Edwin W; Denver
 Peterson, Harold R; Littleton
 Peterson, James H; Greeley
 Peterson, Keith E; Greeley
 Peterson, Norman E; Denver; Littleton
 Peterson, Richard I; Colorado Springs
 Peterson, W Peter; Denver
 Petrie, Kent Alan; Vail
 Petrun, Mark; Fort Collins
 Petty, Stephen T; Denver
 Petty, Thomas L; Denver
 Pfenninger, Mark Wm; Wheat Ridge; Evergreen
 Pfife, E F; Longmont
 Pflum, Eugene W; Pueblo
 Pfoff, David S; Denver
 Pharo, Susan A; Denver; Wheat Ridge
 Phelps, Amy R N; Colorado Springs
 Phelps, Dennis A; Colorado Springs
 Phelps, Dwight S; Denver
 Phelps, Harvey W; Pueblo
 Phelps, Herschel R; Loveland; Greeley
 Phelps, Lynn M; Pueblo
 Phillips, Alfred M; Pagosa Springs
 Phillips, Barbara A; Boulder
 Phillips, Edward B; Boulder; Englewood
 Phillips, George H; Loveland
 Phillips, George L Jr; Denver, Elizabeth
 Phillips, Robert G; Denver
 Philpott, Osgoode S Jr; Denver; Englewood
 Philpott, Peter J; Englewood
 Pick, Melvin M; Colorado Springs
 Pickard, Thomas M; Sterling
 Pickett, H Manning; Lakewood; Evergreen
 Piel, Michael T; Englewood
 Pierce, Alson F; Peyton
 Pillow, Michael B; Denver
 Ping, Donald W; Denver
 Pinson, Ronald C; Grand Junction
 Pinto, Randolph A; Louisville
 Piper, James C; Grand Junction
 Pirsch, Howard R; Denver
 Pirnat, Martin P; Durango
 Pise, Gerald J; Colorado Springs
 Pitman, William M; Colorado Springs
 Pizzo, Christopher J; Denver
 Platt, Frederic W; Denver
 Platt, Teresa L; Glenwood Springs
 Platz, Victor; Colorado Springs
 Plaus, William J; Denver

Plazak, Dean J; Boulder
 Plunkett, Larry M; Denver
 Pluss, Richard G; Denver; Englewood
 Pluss, William T; Denver
 Podgorski, Steven F; Englewood; Littleton
 Podlecki, David A; Longmont
 Pohlman, Floyd H; Sterling
 Polevoy, Ira S; Lakewood; Evergreen
 Poliakoff, Claude S; Colorado Springs
 Pollard, Joseph S Jr; Colorado Springs
 Pollard, Marven J; Denver; Aurora
 Pollock, Caryl J; Colorado Springs
 Pomerantz, Marvin; Denver; Castle Rock
 Pons, Peter T; Denver
 Porreco, Richard P; Denver; Englewood
 Porter, Bruce M; Windsor
 Porter, Richard F; Alamosa
 Porter, Robert T; Evansville IN
 Post, Gary L; Englewood; Aurora
 Post, Lawrence T; Craig; Hamilton
 Potestio, Frank S; Englewood; Parker
 Poticha, Gerald S; Littleton; Englewood
 Potter, Donald E; Canon City
 Potts, William E; Lakewood; Denver
 Potzler, Mark S; Lamar
 Poucel, Jean-Georges; Aurora
 Poulson, Edwin D; Denver
 Powell, Thomas T; Golden; Lakewood
 Powers, Bernard J; Englewood; Littleton
 Powers, Douglas K; Longmont; Platteville
 Powers, Robert C; Englewood; Denver
 Prager, Nelson A; Warson Woods MO
 Pratt, Elmer B; Littleton
 Pratt, Jennifer A; Denver; Aurora
 Pratt, T Diane; Greeley
 Pratt, Thomas C; Durango
 Preble, Parker E; Fort Collins
 Prenzlau, Werner S; Denver
 Preshaw, D Edwin; Littleton
 Press, Peter; Denver
 Pressley, Richard L; Boulder; Longmont
 Presti, Matthew; Colorado Springs
 Price, Jerry G; Denver; Englewood
 Price, Paul O; Thornton; Denver
 Price, Vernon H; Steamboat Springs
 Prinzing, J Fredric Jr; Denver
 Prochoda, Karyn P; Denver
 Proctor, Carla R; Pueblo
 Propp, John G; Denver
 Protas, Jacob M; Aspen
 Province, Darryl L; Pueblo
 Pruitt, J C; Colorado Springs
 Ptasnik, Michael J; Denver; Englewood
 Puckett, William N; Denver
 Puls, Theodore J; Pueblo
 Purdie, Frank R; Greeley
 Purnell, Mark L; Aspen

Q

Quackenbush, Kirk T; Lakewood
 Quick, George E; Littleton
 Quimby, Robert L; Walsenburg
 Quinby, James L; Denver
 Quinn, Richert E Jr; Greeley
 Quintana, Phillip D; Aurora
 Quintero, Peter S; Denver
 Quiring, Roger; Fort Collins

R

Raattama, Ruth J; Denver
 Rabin, Ronald A; Denver
 Rabinowitz, Jay S; Parker
 Rabold, James G; Lafayette; Boulder
 Rademacher, Dana E; Englewood
 Rademacher, Donald R; Greeley
 Rademacher, Raymond J; Denver
 Radetsky, Paul; Denver
 Radway, Paul R; Pueblo
 Raetz, David A; Denver; Golden
 Rahman, Syedshah N; Denver
 Rainer, W Gerald; Denver
 Rainer, William G Jr; Cortez
 Rainey, Rhett K; Colorado Springs
 Raley, Francis M; Grand Junction
 Ramey, Ralph Jr; Colorado Springs
 Ramos, Michael A; Pueblo
 Randono, John J; Colorado Springs
 Rangel, Keith A; Greeley
 Ranzenberger, Steven S; Colorado Springs
 Rao, Y N; Pueblo
 Rapaport, Alan M; Denver; Aurora
 Rapp, Alan D; Colorado Springs
 Rapp, Barry M; Pueblo
 Rappe, Donald L; Durango
 Rasband, Rick W; Aurora
 Rashleigh, Perry L; Grand Junction
 Raso, Roland A; Grand Junction
 Rastrelli, Alan J; Denver; Littleton
 Ratcliff, Ralph G; Denver
 Rathbun, Katharine C; Aurora
 Ratigan, Richard D; Denver
 Ratner, Karen N; Littleton
 Ratzer, Erick R; Denver; Littleton
 Rauzi, Frank R; Littleton
 Ravin, Rose S; Denver
 Ravin, Sheldon J; Colorado Springs
 Rawat, Sumant; Pueblo
 Raybin, James B; Boulder
 Rayburn, Charles R Jr; La Junta
 Raye, Charles H; Pueblo
 Rea, John J; Pueblo; Pueblo West
 Rechnitz, Gary D; Fort Collins
 Reckler, Sidney M; Denver
 Rector, James B; Boulder; Longmont
 Rector, Susan E; Boulder; Longmont
 Reddy, Carol F; Denver
 Redwine, Robert H; Pueblo
 Reed, Barbara R; Denver; Englewood
 Reed, Thomas A; Denver
 Reents, William J; Loveland
 Rees, James M; Colorado Springs
 Reeves, Robert H; Colorado Springs
 Regier, Donald D; Julesburg
 Rehg, William F; Denver; Englewood
 Reich, Harvey M; Wheat Ridge
 Reich, Laura M; Colorado Springs
 Reich, Marshall P; Aurora; Denver
 Reichert, Thomas K; Pueblo
 Reicks, Gregory C; Grand Junction
 Reid, John H; Fort Collins
 Reilly, Gerald D; Pueblo
 Reimers, Bruce L; Colorado Springs
 Reimers, Wilbur L; Denver
 Rein, Richard A; Aurora

Reinhardt, George N III; Colorado Springs
 Reiquam, C W; Denver; Lakewood
 Reishus, Allan D; Craig
 Reiss, Brian E H; Denver; Littleton
 Reiting, Russell G; Longmont
 Rende, Roberto; Denver
 Repert, William B; Fort Collins
 Repogle, Scott L; Louisville; Boulder
 Repsher, Lawrence H; Wheat Ridge
 Rest, Arthur; Denver
 Restivo, Jack L; Denver
 Retallack, Louis L; Denver
 Reveille, Robert M; Denver
 Reynard, Kenneth B; Denver; Englewood
 Reynders, Michel A; Denver
 Reynolds, Craig A; Lakewood
 Reynolds, Judith U; Colorado Springs
 Rhodes, Edward A; Denver; Englewood
 Rhodes, Paul H; Lakewood
 Ribovich, Thomas C; Denver
 Ricca, David A; Highlands Ranch
 Rice, David R; Boise ID
 Rice, Glenn R; Boulder
 Rice, Lee E; Boulder
 Rich, Berkeley L; Littleton
 Richards, Anthony; Grand Junction
 Richards, Bruce C; Lakewood
 Richards, Robert B; Fort Morgan
 Richardson, David L; Denver
 Richardson, J William; Denver
 Richardson, Kenneth R; Lakewood; Englewood
 Richardson, Leanne L; Denver
 Richardson, Scott K; Westminster; Boulder
 Richeaux, Kenneth A; Colorado Springs
 Richer, Michaleen; Denver
 Richman, Lee K; Wheat Ridge; Lakewood
 Richter, A Jason; Denver
 Rickard, Paul C; Boulder
 Rider, Mitchell B; Denver
 Ridgway, Don N; Paonia
 Rifkin, Ira; Lakewood; Littleton
 Riley, Conrad M; Denver
 Riley, John C III; Englewood
 Ringel, Marc; Greeley
 Ritchey, Elizabeth E; Denver; Englewood
 Ritchie, Darvin R; Canon City
 Ritchie, Gary L; Canon City
 Ritsick, Joseph A; Denver
 Ritzman, Vernon D; Wheat Ridge
 Roach, Susan I; Longmont
 Roark, Richard D; Fort Collins
 Roberts, Alfred D; Golden; Evergreen
 Roberts, Clarence J; Thornton; Broomfield
 Roberts, Donald G; Lakewood; Golden
 Roberts, Donald M; Denver
 Roberts, Emil L; Pueblo; Fowler
 Roberts, Gareth K; Greeley
 Roberts, Gregory L; Greeley
 Roberts, Jerry R; Colorado Springs
 Roberts, John F; Englewood; Littleton
 Roberts, William A; Boulder
 Roberts, William G; Westminster; Boulder
 Robichaux, Val; Cortez
 Robinson, John W; Denver
 Robinson, Mel D; Colorado Springs
 Robinson, Walter G Jr; Wheat Ridge
 Robinson, William M M; Hendersonville NC
 Rockswold, Gordon A; Frisco

Rodriguez, Jose L; Glenwood Springs
 Roe, Edward J III; Bakersfield CA
 Roesler, Paul J; Colorado Springs
 Roess, Thomas J; Snowmass
 Roger, Sheldon; Denver; Englewood
 Rogers, Jean C; Denver; Aurora
 Rogers, William F; Colorado Springs
 Rohren, Kurt W; Lakewood
 Rohrer, H Hugh; Englewood; Littleton
 Rokicki, Robert R; Aurora
 Roller, Lothar K; Canon City
 Roller, Richard J; Denver; Golden
 Rollins, Donald R; Loveland
 Rome, Clifford J; Greeley
 Romett, J Lewis; Colorado Springs
 Rondinelli, Robert D; Denver
 Roney, Patrick J; Englewood; Denver
 Roos, David B; Denver; Littleton
 Roos, David Brian; Aurora
 Rose, Brian H; Littleton
 Rose, Cynthia; Colorado Springs
 Rose, Virgil J; Denver; Brighton
 Rosen, Gary B; Boulder
 Rosen, Reuven E; Denver
 Rosenberg, Alan L; Denver
 Rosenberg, Jonas S; Denver
 Rosenberg, Stanley; Aurora
 Rosenberg, Stuart G; Denver; Morrison
 Rosenberger, Alan B; Wheat Ridge; Lakewood
 Ross, Clarence L; Burlington
 Ross, James R; Grand Junction
 Ross, Michael C; Denver
 Ross, Michael H; Arvada; Golden
 Roter, David L; Boulder
 Rothberg, Alan D; Aurora
 Rothgeb, Eric J; Aurora; Parker
 Rothhammer, Amilu S; Colorado Springs
 Rothman, David; Denver
 Rottman, Randy J; Grand Junction
 Roukema, James E; Pueblo
 Rowan, Aloysius I Jr; Aurora
 Rowland, Charles F; Lakewood
 Rowley, Mark C; Denver
 Rowley, Raymond D; Pueblo
 Roy, Charles E; Grand Junction
 Rubinow, Sidney D; Colorado Springs
 Rubinowitz, Martin J; Denver
 Robinson, Samuel M; Colorado Springs
 Rubright, Erik M; Fort Collins
 Rubright, Jon S; Fort Collins
 Rubright, Mark W; Longmont
 Rudd-McCoy, Nancy A; Littleton; Englewood
 Ruddell, James W; Alamosa
 Ruderman, Jerome H; Denver
 Rudolph, Merritt C; Denver; Englewood
 Ruggera, Gary C; Durango
 Ruggles, Charles W; Colorado Springs
 Ruiter, Richard; Pueblo
 Rule, Ingrid K; Loveland
 Rumack, Barry H; Denver; Littleton
 Rumley, A S; Fort Collins
 Rumley, Ruth Jones; Fort Collins
 Rumph, Jeffrey; Denver
 Rupp, Gerald R; Longmont
 Rusk, Harvey S; Pueblo
 Russell, Asela C; Aurora; Denver
 Russell, George R; Boulder
 Russell, Ruth K; Henderson

Ruybal, Jacob A Jr; Grand Junction
 Ryals, Jarvis D; Pueblo
 Ryan, Christopher B; Aurora
 Ryan, Donald W; Lakewood
 Ryan, John P; Boulder; Lyons
 Ryan, Michael P; Lakewood
 Ryan, Sonia C; Lakewood; Golden
 Ryder, William H; Colorado Springs
 Rymer, Charles A; Denver

S

Sabel, John S; Englewood
 Saber, William L; Denver; Golden
 Sabin, Clarence W; Windsor
 Sable, David L; Fort Collins
 Saccomanno, Geno; Grand Junction
 Sachs, Robert A; Littleton
 Sackmann, Charles M; Pueblo
 Sadler, Dean L; Lakewood
 Sadler, Jackson L; Fort Collins
 Sadler, Theodore R Jr; Grand Junction
 Safford, H R III; Denver; Englewood
 Salata, John Robert; Colorado Springs
 Salerno, Charles F; Pueblo
 Saliman, Alan E; Glenwood Springs
 Salimbeni, Julio C; Fort Collins
 Salmen, Paul A; Glenwood Springs
 Salter, William J; Boulder
 Salzman, Emanuel; Denver
 Sammons, Robert A Jr; Grand Junction
 Sampath, Kulasekhar; Pueblo
 Sampson, John J; Colorado Springs
 Sampson, Lloyd S; Las Animas
 Samuelson, Stephen A; Aurora
 Sandell, Thomas G; Salida
 Sanders, Richard J; Denver; Englewood
 Sandhaus, Robert A; Denver; Littleton
 Sands, Arthur C; Fort Collins
 Sanidas, John D; Denver
 Sankey, Noel E; Englewood
 Santaguida, Rik; Idaho Springs; Evergreen
 Santoro, John A Jr; Thornton; Broomfield
 Santos, Arthur D; Pueblo
 Sargent, Frank T; Englewood; Littleton
 Sargent, Robert A; Littleton; Englewood
 Sartorio, Ernest Jr; Denver
 Sassano, Eugene; Wheat Ridge; Golden
 Sato, Randall E; Loveland
 Satt, James M; Rocky Ford
 Saunders, Daniel T; Arvada; Golden
 Saunders, Mark O; Aurora; Denver
 Sawyer, Robert B; Denver
 Sayers, C Paul; Fort Collins
 Sayre, Robert L; Colorado Springs
 Sbarbaro, James A; Pueblo
 Sbarbaro, John A; Denver
 Scaer, Robert C; Boulder
 Scanavino, David J; Wheat Ridge; Evergreen
 Scarinzi, Hugo J; Flagler
 Sceats, D James Jr; Colorado Springs
 Schafer, Donald R; Loveland
 Schafer, Larry A; Wheat Ridge; Arvada
 Schaiberger, Peter H; Denver
 Schaler, Richard E; Englewood
 Schaten, Mark A; Denver; Aurora
 Schaten, Robin L; Longmont
 Schaumberg, Edward G Jr; Greeley

SCHECHTER—SMYTH

Schechter, Philip A; Littleton; Englewood
 Scheig, William B; Colorado Springs
 Schemmel, Janet E; Denver
 Schick, Walter R; Denver
 Schiefen, James C; Imperial NE
 Schiff, Michael; Aurora; Englewood
 Schiller, Carl F; Aspen
 Schiller, John E; Colorado Springs
 Schilling, Donald H; Boulder
 Schlomer, Donald; Pueblo
 Schmalhorst, Brian K; Haxtun
 Schmeh, Carl A; Greeley
 Schmidt, Alden T Jr; Denver; Littleton
 Schmidt, Douglas R; Denver
 Schmidt, John J; Pueblo
 Schmidt, Philip M; Colorado Springs
 Schmidt, Robert L; Fort Collins
 Schmitt, Edward A; Colorado Springs
 Schmitt, Henry J Jr; Colorado Springs
 Schmucker, Marion L; La Junta
 Schneider, Dennis L; Colorado Springs
 Schneider, Dieter W; Denver
 Schneider, Donald J; Denver
 Schneider, Herbert H; Pueblo
 Schneider, Michael J; Denver; Englewood
 Schneider, Thomas F; Greeley
 Schneider, William A; Denver; Englewood
 Schneidewind, Barry S; Denver
 Schocket, Alan L; Denver
 Schonebaum, Robert M; Englewood
 Schoo, Michael J; Montrose
 Schoolcraft, William B; Englewood
 Schoonmaker, Fred W; Denver
 Schorlemmer, Gilbert R; Pueblo
 Schottstaedt, Louise E; Pueblo
 Schrandt, Donald L; Denver
 Schreck, Walter R; Denver
 Schreiber, David P; Denver
 Schrier, Robert W; Denver; Englewood
 Schroeder, Fredric A; Denver; Englewood
 Schuchman, Harvey A; Denver; Englewood
 Schuett, Michael C; Denver; Highlands Ranch
 Schuler, Willard D; Thornton; Westminster
 Schulman, Eugene; Commerce City; Denver
 Schultz, Linda M; Glenwood Springs
 Schultz, Norman J; Wheat Ridge
 Schultz, R J Black; Pueblo
 Schultz, Randall R; Durango
 Schutt, Robert C Jr; Colorado Springs
 Schwab, Irving H; Colorado Springs
 Schwartz, Arthur A; Aspen
 Schwartz, Jeffrey C; Greeley
 Schwartz, Kenneth A; Rifle
 Schwarz, M Roy; Chicago IL
 Sciotto, Cosimo G; Colorado Springs
 Scott, Floyd E; Denver; Littleton
 Scott, Francis A; Denver; Englewood
 Scott, Gary A; Durango
 Scott, Jeffrey R; Englewood; Castle Rock
 Scott, Sarah K; Denver
 Scott, Stephen C; Denver
 Scott, William A; Grand Junction
 Seagraves, Mary A; Colorado Springs
 Seale, William B; Boulder
 Sealy, David P; Colorado Springs
 Sedlacek, Scot M; Denver; Golden
 Seegers, Winnifred; Englewood; Littleton
 Seeton, James F; Fort Collins

Segall, Neil C; Thornton; Denver
 Seibert, Charles E; Englewood; Littleton
 Seigel, Robert S; Denver; Golden
 Self, William G Jr; Westminster; Denver
 Sell, Dean J; Denver
 Sellers, Dilworth P; Colorado Springs
 Selner, John C; Denver
 Serafini, David A; Fort Collins
 Serota, Joseph F; Aurora; Englewood
 Service, William C; Colorado Springs
 Settipani, Frank L; Pueblo
 Seybold, William R; Colorado Springs
 Shachtman, William A; Fort Collins
 Shahzadi, Mehrbanoo (Mary); Colorado Springs
 Shand, J Alan; La Junta
 Shander, David; Denver
 Shane, James A Jr; Lakewood
 Shanks, W George; Grand Junction
 Shannon, Richard D; Montrose
 Shapiro, Miriam R; Greeley
 Shaver, Charles R; Montrose
 Shaw, Thomas J; Denver
 Shealy, Stephen H; Littleton
 Sheehan, Mark W; Denver; Englewood
 Shenk, Douglas C; Grand Junction
 Shenkel, Roger C; Grand Junction
 Shepherd, Carolyn M; Lafayette; Boulder
 Sheppard-Madden, Dena S; Thornton
 Sherbok, Bernard C; Denver
 Sheridan, E Paul; Denver
 Sherman, Joseph H; Scottsdale AZ
 Sherman, Joseph M; Berwick PA
 Sherman, Leon H; Lakewood
 Sherman, Morton E; Aurora; Englewood
 Sherman, Susan A; Aurora; Englewood
 Sherrod, Dale B; Longmont
 Sherwin, Richard M; Colorado Springs
 Sherwood, Clifford; Colorado Springs
 Sherwood, Robert W; St George UT
 Shesol, Barry F; Aurora
 Shidler, Elmore J; Brighton
 Shields, David A; Greeley
 Shields, Lloyd V; Denver
 Shiffman, Richard N; Arvada
 Shiota, Merrilynne G; Westminster
 Shiovitz, William D; Boulder
 Shipman, Karl H; Denver
 Shippert, Ronald D; Englewood; Littleton
 Shira, James E; Denver; Englewood
 Shoemaker, Larry D; Colorado Springs; Monument
 Shonk, John J Jr; Pueblo
 Shoptaugh, A Glenn Jr; Colorado Springs
 Shore, Roy H; Greeley
 Short, William F; Colorado Springs
 Shpall, Zachary I; Denver
 Shroyer, Joseph M; Pueblo
 Shwayder, Aaron J; Denver
 Shwayder, Montimore C; Denver
 Shwayder, Reynold I; Greeley
 Sides, Leroy J; Denver
 Siegel, Gary L; Lakewood; Denver
 Sikand, Gita S; Denver; Englewood
 Sillix, Patrick A; Grand Junction
 Sills, Theron G; Greeley
 Silveira, M Beatriz; Aurora
 Silver, Gordon S; Colorado Springs
 Silverberg, Stuart O; Westminster; Golden
 Silverman, Leonard D; Aurora; Denver

Silvers, William S; Englewood; Denver
 Silvestri, H Peter; Denver
 Simerville, James J; Colorado Springs
 Simmons, Richard E; Fort Collins
 Simmons, Robert A; Fort Collins
 Simon, David C; Aurora
 Simon, Frederick S; Montrose
 Simon, John S; Denver
 Simon, John Jr; Englewood
 Simon, Robert B; Arvada
 Simons, David R; Boulder
 Simons, Herbert J; Denver
 Simons, Kenneth M; Grand Junction
 Simpson, C Kelley; Lakewood
 Simpson, George R; Grand Junction
 Sims, John A; Colorado Springs
 Sindler, Marc A; Canon City
 Singer, Charles J; Fort Collins
 Singleton, Albert O III; Galveston TX
 Sinton, Eleanor; Englewood
 Sisson, Earl M; Greeley
 Sitarik, Mark A; Boulder
 Skahill, Steven E; Brighton
 Skeehan, Raymond A Jr; Denver
 Skiles, Trudy A; Colorado Springs
 Skrei, Richard P; Pueblo
 Slagle, DeRoy W H; Pasadena CA
 Slice, Roy T; Alamosa
 Slonim, N Balfour; Denver
 Smail, W Carlyle Jr; Denver; Englewood
 Smazal, Stanley F Jr; Englewood
 Smernoff, Dean G; Denver
 Smiley, John W; Denver
 Smiley, Scott L; Pueblo; Pueblo West
 Smilkstein, Daniel H; Steamboat Springs
 Smith, Barry R; Denver; Littleton
 Smith, Bentley E; Arvada; Denver
 Smith, Brent J; Denver; Englewood
 Smith, Bruce M; Fort Collins
 Smith, Christopher F; Aurora; Englewood
 Smith, Christopher J; Pueblo
 Smith, Dale J; Denver; Golden
 Smith, Daniel L; Denver; Englewood
 Smith, David D; Pueblo
 Smith, David F; Grand Junction
 Smith, Don B; Englewood; Denver
 Smith, Edwin R; Denver; Englewood
 Smith, Elwin A; Denver; Littleton
 Smith, Frederick R III; Denver
 Smith, G Paul; Grand Junction
 Smith, Harold J; Beulah
 Smith, Hubbard W; Greeley
 Smith, James G Jr; Colorado Springs
 Smith, Jerome I; Fort Collins
 Smith, Jerry; Denver
 Smith, John P; Arvada; Golden
 Smith, Kirk M; Fort Collins
 Smith, Loyd L; Pueblo
 Smith, Myron C; Greeley
 Smith, Raymond H; Colorado Springs
 Smith, Richard H; Denver
 Smith, Robert H; Colorado Springs
 Smith, Ronald E; Grand Junction
 Smith, Royal A; Glenwood Springs
 Smith, Thomas R; Pueblo
 Smith, Verne A; Grand Junction
 Smith, William E; Denver; Lakewood
 Smyth, Charley J; Denver

Smythe, Stephanie; Broomfield; Louisville
 Sneddon, Wallace A; Longmont
 Snider, Bernard H; Denver
 Snively, Steven L; Denver; Littleton
 Snodderley, Paul L; Fort Collins
 Snowden, Teresa; Aurora
 Snyder, Alan L; Boulder
 Snyder, Charles E; Pueblo
 Snyder, Gary L; Grand Junction
 Snyder, Joseph; Denver
 Snyder, Michael E; Denver
 Snyder, Murray M; Arvada; Denver
 Snyder, Robert; Denver
 Sobel, John H; Thornton
 Sobel, Roger M; Fort Collins
 Soffer, Patricia G; Denver
 Solano, Mark D; Denver
 Soler, Joseph J Jr; Aurora
 Solomon, Maurice C; Colorado Springs
 Solomon, William A; Aurora
 Sondheimer, Henry M; Denver
 Song, Yo-Jun; Greeley
 Soper-Porter, Harriette C; Grand Junction
 Sorkin, Marc J; Denver; Littleton
 Souza, Pedro M; Pueblo
 Sowl, Duane D; Boulder
 Spalter, Roger M; Littleton
 Spangler, Michael W; Colorado Springs
 Spangler, Richard D; Denver
 Spatt, Peter D; Denver
 Spaulding, Duane R; Colorado Springs
 Speedie, Douglas K; Delta
 Speers, Wendell C; Denver
 Spees, Alan J; Denver; Littleton
 Spees, Everett K Jr; Denver
 Speirs, Alfred C; Colorado Springs
 Spence, Kimball J; Nevada; Aspen
 Spencer, J Robert; Aurora
 Sperry, Corydon S Jr; Fort Collins
 Spies, Carol; Englewood
 Spivey, Danton B; Englewood; Denver
 Spoering, Craig A; Grand Junction
 Spofford, Bryan T; Denver
 Spokas, Frank J Jr; Trinidad
 Sprague, Dawin C; Johnstown
 Spurck, Robert P; Denver; Littleton
 Squires, Robert S; Denver
 Stabel, David E; Thornton; Westminster
 Stabler, Lairie O; La Junta
 Stacey, N Russell Jr; Longmont
 Stachler, John M; Pueblo
 Stack, Robert K; Colorado Springs
 Stafford, Robert M; Colorado Springs
 Stage, Alan F; Castle Rock; Littleton
 Stahl, Eric J; Lakewood; Golden
 Stahl, Larry G; Sterling
 Stahl, Michael; Carbondale
 Stahlgren, LeRoy H; Denver
 Stahlman, Richard L; Greeley
 Stallworth, John C; Littleton; Englewood
 Stamm, Carol A; Denver
 Stampfli, Wendell P; Rochester MN
 Standard, Peter J; Fort Collins
 Stanfield, Clyde; Denver
 Stanton, Michael W; Greeley
 Stanton, Robert P; Northglenn; Denver
 Stanwix, Leslie A; Aurora
 Stapp, R Holbrook; Englewood; Denver

Stark, Craig F; Denver; Englewood
 Stark, George L; Boulder
 Stark, Meritt W; Las Cruces NM
 Starkey, Gerald H Jr; Aurora; Englewood
 Starr, Arthur G; Denver
 Starr, Robert R; Denver
 Stavros, A Thomas; Englewood
 Stecher, Karl Jr; Englewood
 Stecker, Raymond H; Colorado Springs
 Stedman, Edith L Bratton; Sarasota FL
 Stedman, Wilfred D; Sarasota FL
 Steedie, David W; Englewood; Denver
 Steele, Brandt F; Denver
 Steele, Peter P; Denver
 Steffen, Grant E; Englewood
 Stein, Donald W; Boulder
 Stein, Gerald S; Colorado Springs
 Steinbaugh, John R; Boulder; Louisville
 Steinberg, Kristina A; Alamosa
 Steinberg, Thomas I; Vail
 Steinbrecher, Jerry S; Glenwood Springs
 Steiner, Jane C; Denver
 Steines, William J; Englewood
 Steinhardt, Kasiel; Englewood
 Steinsiek, Amber D; Rocky Ford
 Stelle, Robert E; Colorado City
 Stephens, Floyd V Jr; Fort Collins
 Stephens, George K III; Boulder
 Stephens, Mark R; Vail
 Stephenson, Philip L; Wichita Falls TX
 Sternberg, Patrick E; Boulder
 Stevens, Sydney L; Littleton
 Stevens, Wayne E; Lakewood
 Stevens, William W III; Fort Collins
 Stevenson, Chester P; Grand Junction
 Stewart, James D; Boulder
 Stewart, Robert J; Denver
 Stewart, Stephen K; Longmont
 Stidham, Paul B; Grand Junction
 Stiefler, Richard E; Grand Junction
 Stienmier, Richard H; Colorado Springs
 Stiff, Kaye L; Wheat Ridge
 Stigler, Del; Denver
 Stirman, Jerry A; Glenwood Springs
 Stjernholm, James R; Pueblo
 Stjernholm, Melvin R; Boulder
 Stjernholm, T Christian; Pueblo
 Stjernholm, Thomas; Pueblo
 Stoddard, Andrew P; Fort Collins
 Stofac, Robert L; Golden; Lakewood
 Stoffel, Philip T; Aurora; Denver
 Stokes, Elizabeth Y; Denver
 Stokes, Michael F; Denver
 Stoll, Stephen L; Greenwood Village; Denver
 Stone, Dianne C; Denver
 Stone, Ken A; Denver
 Stone, Michael D; Greeley
 Stonington, Oliver G; Breckenridge
 Storm, Thomas P; Denver; Northglenn
 Stormo, Alan C; Boulder
 Storms, William W; Colorado Springs
 Story, Helen M; Littleton; Evergreen
 Story, Paul G; Montrose
 Straehley, Douglas J; Wheat Ridge; Arvada
 Strain, James E; Elk Grove Village IL; Prospect Hts
 IL
 Straits, B Joan; Wheat Ridge
 Strand, Melford L; Denver; Englewood

Strandberg, Donald A; Colorado Springs
 Strasburger, Arthur K; Littleton; Englewood
 Straub, John C Jr; Littleton
 Strauss, Stanley G; Westminster
 Strickland, Darwin J; Denver
 Stringer, Theodore L; Colorado Springs
 Stringfellow, Roy C Jr; Colorado Springs
 Striplin, Michael R; Boulder
 Struck, Teresa H; Colorado Springs
 Stuebaker, Lynne R; Englewood; Golden
 Stuebner, Jon W; Aurora; Englewood
 Stutzman, Howard E; La Junta
 Stuver-Webster, Edna L; Denver
 Sudan, A Chester Jr; Englewood; Denver
 Sullivan, Neil F; Denver
 Sullivan, Patrick J; Greeley
 Sullivan, Philip J; Englewood; Denver
 Sullivan, Terrance J; Denver
 Sullivan, Wallace B; Pueblo
 Summerson, Donald J; Greeley
 Sumners, Thomas C; Denver
 Sunde, Paul M; Littleton
 Sunderman, Steve R; Alamosa
 Sundland, Barry R; Aurora; Denver
 Sunthanker, Lena (Shivalina); Fort Collins
 Susko, Thomas M; Denver
 Susman, Morris H; Denver
 Sutherland, Jerome D; Englewood; Denver
 Sutherland, Jesse O Jr; Denver
 Sutton, James P; Aurora; Denver
 Sutton, Paul; Denver
 Svinarich, J Thomas; Denver; Westminster
 Swain, Robert B; Colorado Springs
 Swanson, Michael S; Englewood; Highlands Ranch
 Swanson, Robert L; Durango
 Swanson, Wendel B; Englewood; Littleton
 Swarsen, Ronald J; Denver
 Swartz, Carl W Jr; Pueblo
 Sweeney, James P; Colorado Springs
 Sweeney, Michele K; Pueblo
 Sweeney, Richard; Littleton; Highlands Ranch
 Sweeney, Thomas I; Wheat Ridge
 Swets, Edward J; Denver
 Swinehart, James M; Denver
 Sydow, Sylvia; Denver
 Sykes, William M; Denver; Golden
 Szczukowski, Lorna; Denver
 Szvetcz, Frank C; Colorado Springs

T

Taguchi, James T; Denver; Littleton
 Takahashi, William Y; Boulder
 Takeno, M George; Englewood
 Talbott, Richard D; Denver
 Talley, Richard W; Littleton
 Talmage, Mark D; Westminster; Denver
 Tanenbaum, Marc H; Longmont
 Tannenbaum, Philip D; Denver
 Tarkanian, Malcolm A; Arvada
 Tarlie, Ansel; Englewood
 Tarr, John S Jr; Gunnison
 Tartaglia, Louis Jr; Loveland
 Taryle, David A; Denver; Greenwood Village
 Tate, Robert M; Denver
 Taylor, Colin V; Lakewood
 Taylor, E Stewart; Denver
 Taylor, Richard C; Littleton; Parker

Taylor, Wallace E Jr; Alamosa
 Teal, Frederick F III; Denver
 Tedeschi, John P; Colorado Springs
 Tegtmeier, Ronald E; Golden
 Teitelbaum, Daniel T; Denver
 Telatnik, Stephen C; Colorado Springs
 Tello, Robert J; Loveland
 Tempest, Carol; Denver
 Tennant, Edward E; Casper WY
 Tepley, Fred H; Lakewood
 Terbush, James W; Castle Rock
 Tharp, James A; Denver; Littleton
 Thatcher, D B; Colorado Springs
 Thatcher, George W; Olympia WA
 Thayer, David O; Boulder
 Thayer, Kent H Jr; Colorado Springs
 Thieman, William J; Fort Collins
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Colorado Medicine

July, 1990

Volume 87 Number 7

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anxious to help you
develop this planning"

*John F. Farrington, M.D.
President, Colorado Medical Society*

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CMS Med Fax[®]

AT PRESS TIME...

...a compilation of medically-related news briefs of immediate interest to the physician community occurring after **COLORADO MEDICINE** has gone to press.

CMS Med Fax[®]

by Montgomery Little Young Campbell and McGrew, P.C.

legal counsel to the Colorado Medical Society

FDA SAFETY ALERT

Gas/Air Embolism Associated with Intrauterine Laser Surgery

The United States Food and Drug Administration Center for Devices and Radiological Health has issued an alert concerning the safety of air or CO² used for cooling a laser fiber tip or for insufflation during therapeutic intrauterine procedures. There is a risk of embolism, presumably caused when the gas, under pressure, is forced into the vascular system. The FDA learned of this hazard through its Medical Device Reporting system and from medical literature. In one report, 5 cases of emboli during intrauterine laser surgery were described, four of them fatal. In most cases, the tip of the Nd-YAG laser fiber was cooled with gas or air; in one case, the CO² was used to insufflate the uterus.

To avoid the possibility of a gas/air embolism during intrauterine laser surgery, it is strongly recommended that gas or air not be used for insufflation or for cooling the laser fiber tip during the procedure. A liquid distention medium provides adequate visualization and will also serve as a cooling agent for the laser fiber tip. The FDA also recommended posting a warning on the laser equipment to this effect.

The FDA is interested in learning about any experience associated with embolism during intrauterine surgery or other procedures where gas or air is used. Please direct this information to the voluntary Problem Reporting Program, c/o the United States Pharmacopela, 12601 Twinbrook Parkway, Rockville, MD 20852 or call 1-800-638-6725. For further information about the Safety Alert contact Gregory P. Alexander, MD (301) 427-1060. In Colorado, you may also contact Robert M. Quillin, Director, Colorado Department of Health Radiation Control Division (303) 331-8480.

Spinal Cord Injuries

The Colorado Department of Health has announced that care for individuals with new spinal cord injuries in Colorado costs about \$8 million per year. Ninety eight Coloradans suffered spinal cord injuries in 1989. Motor vehicle accidents accounted for 56% of them, 64% of the injured were not wearing seat belts. The remainder of the injuries were caused by falls, sports, surgery and violence. People in rural areas were at higher risk than those in urban areas.

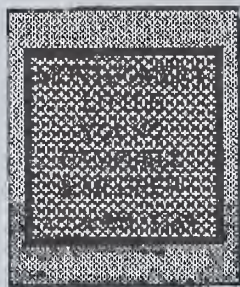
Renee Johnson, coordinator of the Spinal Cord Injury Early Notification System (ENS) said, "Spinal cord injuries and their complications are preventable. Most of them happen in motor vehicle crashes to people not using safety belts." Statistics indicated that injuries were most likely to happen in the summer on weekend afternoons or evenings to young men. Drugs or alcohol were a factor in almost half the automobile cases.

Contact Ms. Johnson at (303) 331-8344 for more details. Also, see inside for other details on spinal cord injury in Colorado.

EMS Grants

"Colorado's funding for statewide emergency medical services was one of the lowest of all 50 states, but the 1989 Legislature's approval of Senate Bill 34 will help ambulance services, fire departments and counties provide better service, especially in rural areas or areas serving many tourists," said Larry McNatt, director of the Colorado Department of Health Emergency Medical Services Division.

Grants were approved for 16 emergency vehicle requests, 42 medical or communications equipment requests and 15 training or continuing education requests. The grants were made from a fund created by a \$1 motor vehicle registration surcharge which went into effect January 1, 1990. Among the vehicles funded was the rental of an ambulance for the Limon Ambulance Service to replace the one damaged by the tornado there. For more information, contact, Arlene Way, grants manager, (303) 331-8630.



This page of medical-legal news of immediate interest to the physician community is prepared by Karen B. Best, Esq., An Associate with the law firm of Montgomery Little Young Campbell & McGrew, PC, Attorneys to the CMS

This is not legal advice, but is for general information only. For help with specific problems, readers should consult an attorney.

Legal Dilemma

A patient is brought to the emergency room unconscious and in a potentially life threatening condition. A nurse finds a signed, unwitnessed, undated card stating that the patient is a Jehovah's Witness and does not wish to receive transfusions, without regard to the medical implications of her wishes. After concluding that a transfusion is necessary to preserve the patient's life and health, the physician administers transfusion. The patient recovers and sues the doctor. A jury awards the patient \$20,000 on her claim of wrongful transfusion. Can the physician be held liable under these circumstances? You bet. The card imposed a valid restriction on the emergency treatment that could be provided and precluded blood transfusion. (Ontario Appeals Court)

Closer to home, a California court awarded \$500,000 to parents for emotional distress resulting from fraud and outrageous conduct in connection with blood transfusion given their son following kidney transplant. The parents, who are Jehovah's Witnesses, consented to kidney transplant on condition that it be performed according to their wish for no blood transfusion. In fact, the surgeon and hospital (US-SF), in consultation with its risk management team, obtained a court order allowing transfusion. After surgery, when the child's heart rate rose and his blood pressure dropped, a blood transfusion was administered. The jury found that the hospital was liable to the parents for fraudulently arranging for the transfusion. (California Superior Court)

Then again, Christian Scientists are being criminally prosecuted for manslaughter for letting their two year old daughter die of an untreated bowel obstruction. (Massachusetts)

Expert Witnesses

Is an orthopedic surgeon qualified to testify as an expert on the standard of care for podiatrists? In cases arising before July 1, 1988, this could happen. The Colorado Supreme Court recently held that an orthopedic surgeon is qualified to offer opinions in a case against a podiatrist if the witness establishes that he or she is so substantially familiar with the standard of care applicable to the defendant's specialty as to render the opinion as well informed as would be the opinion of an expert witness practicing the defendant's specialty, if the witness testifies that the standard of care for the condition in question is substantially identical for both specialties.

What is the broader implication? The door is open for physicians to testify concerning the standard of care for health care practitioners from other schools of medicine. The other question: Can a podiatrist or chiropractor testify against a licensed physician (M.D.)? The 1988 Health Care Availability Act sets up a specific standard for determining whether a witness qualifies as an expert in a medical malpractice case. The statutory standard for determining qualification to testify is different from the standard announced in the court's recent opinion. The court declined to comment on the validity of the 1988 legislation or on what effect, if any, the statute would have in similar cases to which the legislation applies.

Tax Exempt?

The IRS recently announced that its examiners will scrutinize close potentially abusive transactions in which charitable organizations purchase or sell health care facilities financed with tax-exempt bonds. Transactions which may be considered abusive include the following: a charitable organization acquiring a nursing home or hospital; a charitable organization leasing or selling health care or similar facilities; and, sale by a private health care corporation of an unprofitable facility to a charitable organization.

The IRS reasons that these transactions may result in impermissible private benefit which bring about loss of an organization's tax exempt status. In some cases, the IRS may not consider the charitable organization the owner of the health care facility for tax purposes. As a result, the interest paid on the bonds would be taxable. (*IRS Information Release*, No. IR-90-60, 4/30/90)

Tort Reform

The Virginia and Kansas Supreme Courts recently upheld as constitutional personal injury caps on damages...
continued...



Cover Story

The President wrote a letter...this one to the Governor stating that Colorado is without a health care policy. . . but he also offers a plan. See page 176



In This Issue...

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Center Pull-out Section

SPECIAL "LEISURE TIME" INSERT

What are you doing with your leisure time? Here's a sampling of what's coming as a regular feature in Colorado Medicine: seasonal activities for physician and family.

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*by Adrean Harris, Administrative Officer
Committee on Anticompetitive Conduct
State of Colorado*



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William S. Pierson, Managing Editor., Michael Thompson, Ass't. Managing Editor

President's Letter

*John F. Farrington, MD
President, Colorado Medical Society
1989-1990*



May 31, 1990

The Honorable Roy Romer
Governor
State of Colorado
Room 106 State Capitol
Denver, CO 80203

Dear Governor Romer:

Following your presentation to the CMS House of Delegates on April 27, 1990, I have put together what I feel is a "beginning" on developing a health care strategy for Colorado. On behalf of the physician members of CMS, I am asking that you seriously consider the attached information and respond at the earliest opportunity. It is our hope that an immediate dialogue can be started between your offices, Colorado physicians and the many interested parties.

Colorado Medical Society's primary interest in such health care strategy is applicable principally to the public sector healthcare, and in no way wishes to lump all healthcare under one umbrella. However, many facets of healthcare are interchangeable to the public or the private aspects and will be guided by a single state healthcare strategy.

We are anxious to be of help and of service in such planning, and eagerly await your response and direction.

Sincerely,



John F. Farrington, M.D.
President

JFF:j

**Health Care Strategy
A Proposal Presented To
The Honorable Roy Romer, Governor
State of Colorado
by John F. Farrington, M.D, President
Colorado Medical Society**

Colorado's health care policy, both private and public, is becoming more and more an outgrowth of the yearly political cycle: our state's health care is a response to the political whims of the elected body and continues to vary from one legislative session to the next. As in the state's yearly budgeting, Colorado needs a health care

(Continued on pg 188)



*Donald Parsons, MD, Chairman, Council on Legislation
with
Sue Ellen Quam, Director, Department of Government Relations
and
Lorraine Koehn, Program Manager/Lobbyist*

Let us cover our "wins"
this year...

SB 25 CREATION OF AN AMBULATORY HEALTH CARE PROGRAM FOR LOW-INCOME CHILD-

DREN by Senator Sally Hopper and Representative Jim Dyer: Establishes ambulatory insurance coverage through a managed health care system for low-income children without health care insurance who are less than 9 years of age. The children must come from homes having gross family incomes that are equal to or less than one hundred fifty percent of the federal poverty level, and who are not otherwise insured for covered services. Requires the health sciences center to administer the program.

*Status: Signed by Governor
CMS Position: Support*

SB 191 LICENSED HEALTH CARE PROFESSIONALS AND ...PROHIBITING DISCRIMINA- TION AGAINST PHYSICIANS AND CLARIFYING THE DELEGA- TION OF CERTAIN

**AUTHORITIES TO LICENSED
NURSES** by Senator Schroeder and Representative Anderson: (1) Prohibits a society or association of physicians or a licensed physician from discriminating against a doctor of osteopathy or a doctor of medicine with respect to membership in a society or association of physicians. Grants a right of action for damages against the society or association of physicians and against the licensed physician who is a member of the society or association for actions constituting discrimination. (2) Includes delegated medical functions rendered by registered or other nurses

The Colorado legislature adjourned May 9 after passing many pieces of legislation which were extremely important to the medical community.

within the definition of the "practice of medicine". Defines "delegated medical function".

*Status: Signed by Governor
CMS Position: Monitor section 1;
support section 2*

HB 1304 INDEPENDENT MEDI- CAL EXAMINATIONS FOR PURPOSES OF THE WORKERS COMPENSATION ACT OF COLO-

RADO by Representative Masson and Senator Schaffer: This bill is a CMS proposal which received late-bill status. It (1) directs the director of the division of labor to maintain a list of physicians, called the medical review panel, to perform independent medical examinations; (2) establishes procedures for the use of independent medical examinations; (3) grants members of the medical review panel immunity from liability in civil actions based on actions taken in their official capacity, and (4) grants immunity to physicians from liability in actions based on the determination of an impairment.

*Status: Signed by Governor
CMS Position: Support*

**HB 1305 CREATION OF
UNINSURABLE HEALTH
INSURANCE PLAN** by Representative Carol Taylor-Little and Senator Claire Traylor: This bill was patterned after SB 63 with the exception of the funding mechanism. Funding for the bill will be provided through a premium tax paid by the participants and a surcharge on state income tax (\$2.00 for single and \$4.00 for joint return) for persons with adjusted gross incomes

above \$15,000. The bill was introduced because of possible complications with regard to requirements that taxation bills originate in the House.

*Status: Signed by Governor
CMS Position: Support*

HB 1320 LICENSURE OF CER- TAIN HEALTH CARE PROVIDERS FOR THE PURPOSE OF CLARIFYING FINANCIAL RESPONSIBILITY STANDARDS UNDER THE "HEALTH CARE

AVAILABILITY ACT" by Representative Anderson and Senator Schroeder: Authorizes the board of medical examiners to issue or deny inactive licenses to persons licensed under the "Colorado Medical Practice Act" and establishes the requirements to apply for inactive status. Authorizes the board of medical examiners and the board of dental examiners to exempt from or establish lesser financial responsibility standards from those prescribed in the "Health Care Availability Act".

*Status: Signed by Governor
CMS Position: Support*

Sometimes you really win by having bills die. There were a number of bills that were harmful to physicians and patients and we worked hard to get

them to go away or to try to amend them into an acceptable position. Some of these were:

HB 1020 UNCOMPENSATED HEALTH CARE by Representative Pankey: The original version of the bill tied charity care provided by health professionals into licensure. The CMS voted to strongly oppose this version. The bill was totally rewritten and the amended version established a tax incentive for providing charity care, i.e., \$50 per hour for the first 40 hours of care provided and \$100 per hour for the second 40 hours of charity care provided by a health care professional. The amended version carried approximately a \$7 million fiscal note.

Status: Lost on second reading in House
CMS Position: Oppose original bill, Support the amended version

HB 1099 REQUIRED COVERAGES UNDER THE "COLORADO AUTO ACCIDENT REPARATIONS ACT" by Representative Masson and Senator Rizzuto: Decreased the minimum individual and aggregate liability coverage for bodily injury or death resulting from an automobile accident. Reduced the minimum aggregate amount of personal injury protection coverage.

Status: Lost on second reading House.
CMS Position: Oppose

HB 1170 NON-GENERAL FUNDED DRUG ABUSE PROGRAMS ...PROVIDING FOR SUBSTANCE ABUSE PROGRAMS WHICH ARE CASH-FUNDED OR PRIVATELY FUNDED by Representative Pankey and Senator Wattenberg: Amended version required drug screening tests for regulated health professionals and teachers who had been disciplined for drug abuse. Changed the definition of the crime of child abuse to include prenatal child abuse by abusing controlled substances during pregnancy or assisting another person in the abuse of drugs during that person's pregnancy.

Status: Lost in Senate Appropriations.

CMS Position: Oppose

HB 1195 RIGHT TO RECEIVE PAYMENT OF DIRECT BENEFITS UNDER THE "COLORADO AUTO ACCIDENT REPARATIONS ACT", AND IMPOSING LIMITATIONS THEREON THROUGH A REASONABLE VALUE SCHEDULE AND AUTHORIZING A TRIAL DE

NOVO FOR THE ADJUDICATION THEREOF by Representative Owen and Senator Brandon: Discontinued the requirement

This summer's work will see a committee charged with studying family issues and rights.

that an arbitration hearing in connection with an action against an insurer for breach of contract be binding on the parties and allowed a party who disagreed with the decision of the arbitrators to demand a trial de novo.

Deleted from the factors taken into consideration in determining reasonable attorney fees the relative financial position of the parties. Directed the commissioner of insurance to establish a schedule of reasonable and customary charges for which all benefits provided under the no-fault automobile insurance statutes shall be compensated. The bill stated that "it is unlawful, void, and unenforceable as a debt for any provider of such benefits to contract with, bill, or charge any patient for services rendered in connection with injuries received from a motor vehicle accident which are or may be in excess of said schedule."

Status: Lost on 5/18/90
CMS Position: Oppose original version

SB 154 PROFESSIONAL LICENSING CONTINGENT ON COMPLIANCE WITH CHILD SUPPORT ORDERS by Senator Hopper and Representative Fleming: Required that any state agency, board, or commission which grants licenses to practice a profession or occupation and which is subject to periodic review by the general assembly shall not issue or renew a license to any applicant unless such

applicant verifies in writing that the applicant is in good standing with respect to or in full compliance with a plan to pay all child support obligations which have been ordered by the court.

Status: Postponed indefinitely
CMS Position: Oppose

Unfortunately, there were several bills which were of great importance to CMS but were either killed or were unfavorably amended. The legislation which "got away" includes:

HB 1034 PROVISION OF HEALTH SERVICE TO THE MEDICALLY INDIGENT AND AUTHORIZING A VOLUNTARY EMPLOYER-SPONSORED HEALTH INSURANCE POOL by Representative Taylor-Little and Senator Sally Hopper: Established a health services commission to develop a list of health services by priority which would have been funded under this act. Required the department of social services to contract for managed care health services which would have been funded from the list of services. Provided for reduction in covered health benefits in order of priority for the entire population covered under this act if revenues declined. It continued the medically indigent and current medicaid program until necessary federal waivers were obtained. Created an insurance pool which would have contracted with private insurers to provide health insurance policies to certain small businesses.

Status: Amended, passed House and Senate; Died in Senate Appropriations
CMS Position: Accept concept

CMS had a number of significant wins and we need to thank those people who made it possible.

HB 1138 LIMITATIONS ON CIVIL LIABILITY IN EXCHANGE

FOR PROVIDING UNCOMPENSATED MEDICAL CARE by Representative Duke and Senator Schaffer: Provides that a licensed physician, surgeon, licensed hospital, or other health care provider who provides uncompensated medical care to patients would not be civilly liable for acts or omissions except for acts

or omissions that were grossly negligent or willful and wanton. Such protection would only apply if the patient is informed that the health care provider was providing the care without receiving any compensation and the patient waived his right to bring suit for any professional negligence that may have occurred.

Status: Vetoed by governor; veto sustained
CMS Position: Support with amendment which makes the program voluntary.

SB 157 AUTHORITY OF THE STATE DEPARTMENT OF HEALTH TO CONTROL HIV INFECTION by Senator Wham and Representative Grant: Amended the current statutes concerning the treatment of information obtained by persons involved in testing procedures for AIDS or HIV infections. Changed the reference to confidential information. Expanded physicians' responsibility to patients upon discovering the existence of HIV infection to include counseling the patient on specified matters.

Status: Passed with an amendment which allows for one pilot testing site to be located in Denver and requires an evaluation by the health department using "customarily recognized epidemiological standards."
CMS Position: Support confidential testing

The session is over but our legislative efforts continue. There is an interim committee this summer which directly impacts the medical community. The committees' charge will be to study family issues and rights which shall include the incidences, causes and outcomes of alcohol and drug abuse by women (with special emphasis on pregnant women) and children. Members with expertise and interest in this area are encouraged to contact the Government Relations Department with their thoughts and suggestions.

There will be many Sunrise/Sunset proposals to review at the state level and work on federal legislation continues. Political action work will be a primary focus for this summer and fall.

CMS had a number of significant wins and we need to thank those people who made it possible.

- All of you who called or wrote to your legislators.
- Those physicians who took the time to come down and testify at committee hearings.

- All the people in the various committees which reviewed the legislation and provided recommendations to the Council on Legislation.

- The Auxiliaries who sponsored a very successful legislative day and who worked on getting components of SB 89's kindergarten through high school health education language incorporated into the school finance legislation. All of those calls and letters were very helpful.

- The various Medical Societies' executives and staffs who helped with Alerts and disseminating information.

- All the coalition members such as University of Colorado Health Science Center, Children's Hospital, Denver Medical Society, COPIC, Denver General representatives, the Center for Health Ethics, the Departments of Regulatory Agencies, Social Services and Health, and all the other coalition members.

- And finally the legislators who took the time to listen and learn and incorporate our suggestions into legislation.



Time to Make A Difference!

Election year politics offer unique opportunities to influence the course of our society. This is especially true this year, when all 65 seats in the House and half of those in the Senate will come up for election. A little influence can go a long way with just the right candidate. Colorado Medical Political Action Committee (COMPAC) knows just how that can be done. You owe it to yourself, your profession and especially to your patients to get involved.

CALL (303) 779-5455 or 1-800-654-5653 today for more details!

LEGAL UPDATE:

Note: Federal regulators have proposed that seven additional payment practices be made exempt from the Medicare/Medicaid anti-kickback statute. We are reviewing each proposed "safe harbor" here.

HOSPITALS COULD PAY PHYSICIAN MALPRACTICE PREMIUMS

By SUSAN T. SMITH

Hospitals and other entities would not violate the anti-kickback statute if they paid all or part of a practitioner's malpractice insurance premium when:

- Terms of the arrangement are in writing.
- Payments last less than three years.
- Institutions do not condition the agreement on future referrals.
- Physicians are not restricted from establishing staff privileges elsewhere.
- The coverage offered does not vary based on the physician's volume of business at the institution.
- Payments are designed to induce an established physician to relocate, or assist a new physician in starting a practice or specialty following internship or residency.
- Bona-fide insurance policies are in force so that the payments are not "a mechanism to disguise improper inducements" . . .

Although such policies may "limit a practitioner's professional mobility", malpractice coverage could be limited to services performed at the entity.

Attorney Susan T. Smith heads the health care administration department at Pryor, Carney and Johnson, P.C., a 40-attorney Denver law firm that offers a full range of services to health care providers including medical malpractice defense, contract negotiations, Medicare/Medicaid, peer review, medical staff issues and personal legal services.

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ATTORNEYS AND COUNSELORS AT LAW

(303) 771-6200

George S. Conomikes is President of Conomikes Associates, Inc., a practice management consulting firm headquartered in Marina del Rey, California. They also conduct practice management workshops

Daily Two Minute Meeting Keeps the Physician in Charge

Starting the day right may be the most difficult problem facing today's physician. Even if he gets up and out of the house on time (a minor miracle for some), he still faces the problem of getting through hospital rounds and, assuming no surgery, getting to the office on time.

The obstacles faced are no less than those of a halfback trying to pierce the great Los Angeles Rams' defensive line: parking, hospital elevators, nursing personnel, missing medical data, colleague interventions, hospital administrators—and—the hospital coffee shop.

The coffee shop is the harem of the practicing physician. Here he finds out WHAT'S HAPPENING. Some have been seduced into the "coffee shop syndrome", lolling around with other members (and seducers) of the medical fraternity. Beware the coffee shop syndrome—used too frequently, the coffee shop may be injurious to the health of your office practice!

Now, if you multiply the above set of problems by the number of hospitals you attend, you've got a real problem. **General solution:** Don't involve yourself in more than two hospitals, if possible.

Assuming you are delayed at the hospital for whatever reason, you owe it to yourself, your office staff and your patients to call in and let them know of your delays. Alert office personnel will be able to do some fast rescheduling for you so your office load will be easier to handle. If not, you will arrive too late—reception room overloaded with anxious (and angry) patients, tensed-up staff and an unhappy physician.

The Two Minute Meeting

Whether you're late or on time, a great solution to starting your office day right is the two minute meeting. I picked up this idea a few years ago from a West Coast group of physicians. As one of them said at the time, most physicians go to their offices, take off their coats, put on a uniform and are told where to start working: "Doctor, patient X is in examining room 1." At the end of 2, 3 or 4 hours the physician is told there are no more patients. He may not be aware that he is actually being supervised by the very people whom he hires and employs!

If he arrives at the office late, there is an air of urgency. He knows only that he is going to have to work fast, hard and furious—and so are his aides.

Most important is the need for the physician to establish daily control of his practice, his people. The vehicle I recommend you consider for daily control is the two minute meeting.

- 1) **What is the two minute meeting?** It's a stand-up meeting between the physician, his back office nurse and, if possible, his receptionist.
- 2) **What's its purpose?** Look at today's

appointment schedule, determine if you can handle today's load, make changes in patient flow—*so that you can effectively manage today's activity*. Put out fires rather than sit in them.

- 3) **How does it work?** When you arrive at the practice, you meet (your office is as good a place as any) on a stand-up basis; you look at today's appointment schedule, and the first thing you have to decide is—can we see the patients we are scheduled to see? If not (because you are late in getting started or because you are overbooked), then you instruct the staff to try to rearrange the schedule. One of them will call some patients and try to reschedule them so as to decrease today's load. You are solving today's work load problem.

Cluster Some Patients

- 4) **What else can you do?** You can look at the schedule and possibly cluster certain patients whom you can see more quickly (routines, post-ops, simple chronics). You could depopulate the jammed reception room by seeing patients who are there with family or friends. Call off your luncheon appointment. You may determine you need an extra hour of work at the office—decide it early, not later on.

- 5) **What should you not do?** Don't work fast; don't work harder. Pacing on a daily basis is more important to you, your aides and your patients than seeing a few more patients on a given day. When you go fast, you forget things: then the patient stops you or stops your nurse or calls the next day, and you've actually lost time instead of saving it.

Summary

The two minute stand-up meeting is a daily time control tool which allows you to re-examine today's patient schedule and try to relate it to the hours left in the day.

Also, your aides want you to make daily planning decisions—you can do this with the two minute meeting. Start the day right by:

- 1) limiting the number of hospitals you serve,
- 2) avoiding hospital "habit traps"
- 3) communicating delays to the office, and
- 4) practicing the two minute meeting at your office every day.



Cigarette Sales to Minors in Colorado

by Walter Young, Director of the Division of Prevention Programs
Deborah Walkington, Division of Prevention Programs
Lynn Ravesloot, Front Range Community College

Cigarette and other tobacco product sales to minors have long been a concern of the health care and public health communities throughout the United States, including Colorado.

As nearly 90 percent of new smokers are under the age of 20, curbing sales of tobacco to minors is an important public health objective. Data on quitting patterns indicate that the lower the age of initiation of smoking, the harder it is to quit.

The Coalition for a Tobacco-Free Colorado undertook a study last summer to assess how easily minors could purchase cigarettes in Colorado. The staged attempts were made by 11 adult/minor teams and the results of the survey will be given in this article.

A law was enacted by the Colorado General Assembly in 1987, CRS-18-13-121, that prohibits the sale of tobacco products to those under age 18. but this survey shows that it is not being upheld.

Methods:

The objective of this survey was to assess the frequency with which minors could purchase cigarettes in Colorado without breaking the law (i.e. purchasing the product).

In August of 1989, 121 tobacco sales outlets in Colorado were surveyed by 11 volunteer teams consisting of a minor and an adult. (Two teams used a pair of minors.) Purchase attempts were "staged" (to avoid illegal purchase) by the minors at convenience stores, gas stations, pharmacies, restaurants, etc.

Each survey team was instructed to select 20 tobacco retail outlets from

the local "Yellow Pages". Vending machine sites were not to exceed 20% of the sample. Scripts describing likely scenarios were used to help train the youthful surveyors.

Results:

Eleven survey teams staged 121 purchase attempts in 18 cities around the state. Ninety seven attempts were face to face and 24 were at vending machines.

The vending machine attempts were all successful. In other words, none of the vending machine purchase attempts were thwarted by merchants. Of the 24 machines surveyed, 17 did not have the required warning signs posted. Therefore, 71% of the machines were not in compliance with CRS-18-13-121.

Since machine sales were uniformly successful, the analysis of this data focused on the face to face purchase attempts, where the likelihood of variability was greater. Face to face attempts were successful 55% (53/97) of the time.

The convenience stores surveyed would

have sold cigarettes to minors in 45% of the staged attempts and pharmacies would have sold in 80% of the attempts.

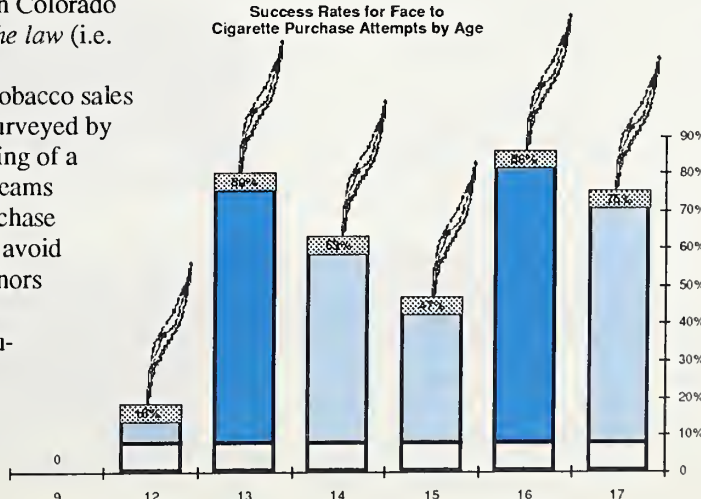
There was a more permissive attitude toward the sale of cigarettes to minors in rural towns (64% success) than in suburban Denver stores where only 41% of the staged attempts were successful.

Discussion:

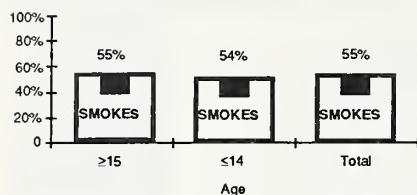
This survey has helped public health workers in Colorado better understand the problem of cigarette sales to minors. Some notable conclusions from this survey are as follows:

- In outlets where cigarettes were sold to minors, the children 14 years old and younger were just as successful with their purchase attempts as the group that was 15 years and older. In other words, sales clerks did not discriminate their sales practices between these two groups. This finding indicates that merchant policies requiring proof of age to purchase cigarettes have not been implemented. Responsible sales practices are not in place.
- It was easier for the minor surveyors to purchase cigarettes at non-food outlets than at food outlets. This disparity in sales practices may be attributed to the fact that almost all food outlets in Colorado sell beer and are therefore accustomed to asking for proof of age.
- It was easier for the minor surveyors to purchase cigarettes in rural towns than it was in suburban Denver cities. This finding is

Success Rates for Face to Cigarette Purchase Attempts by Age



Rate of Successful Attempts



probably due to unexplained social phenomena.

- Cigarette vending machine purchase attempts were virtually unchallenged, resulting in a 100% success rate for those staged purchase attempts.
- Seventy-one percent of the cigarette machines surveyed were not in compliance with Colorado's law that requires the posting of warning signs to alert minors that it is against the law for them to purchase cigarettes and tobacco products.

Recommendations:

If Colorado fully intends to curb the access that children have to cigarettes, then these recommendations are offered as solutions.

- Adopt local ordinances and/or state laws that prohibit the sale of tobacco in vending machines.
- Conduct merchant education campaigns to alert them to the problem of tobacco sales to minors and their responsibility to uphold the law

youth will continue to have almost unrestricted access to cigarettes and other tobacco products and our population will continue to suffer the harmful effects of tobacco well into the next century.

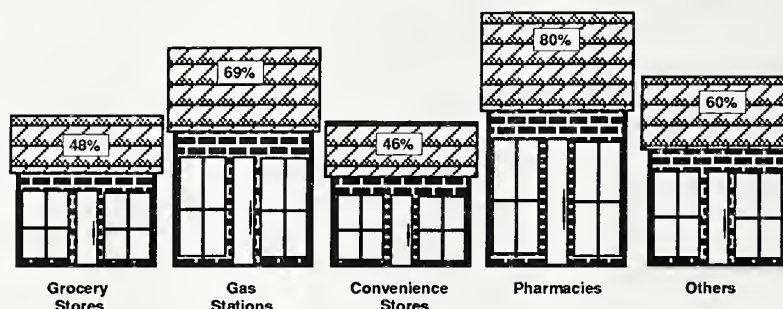
If we act now to curb sales to minors, we will soon reap the benefits of our actions through reduced morbidity and mortality rates from cardiovascular disease, lung and other cancers, emphysema, other obstructive airways diseases and fires.

Imagine an entire generation free of

tobacco disease injury and death.

*Acknowledgements:
David Altman,
Stanford
University,*

Success Rate by Type of Store



Anecdotes:

Responding to a sales clerk's question regarding their age, two 14 year old girls truthfully indicated their age. The clerk, at a large pharmacy chain, then slipped the cigarettes into the pocket of one of the minors and said, "My manager's right over there, so hide them in your pocket." (Remember, the minors did not have enough money to pay for the purchase.)

In a similar encounter, after indicating that they did not have enough money, a sales clerk paid the difference and the same team of 14 year old girls left the store with a pack of cigarettes. These attempts indicate that the kids involved did not even have a chance to say "No."

Finally, after entering a restaurant to stage a vending machine purchase, the youthful surveyor asked where the cigarette machine was located. A "helpful" hostess offered to show the minor how to operate the machine.

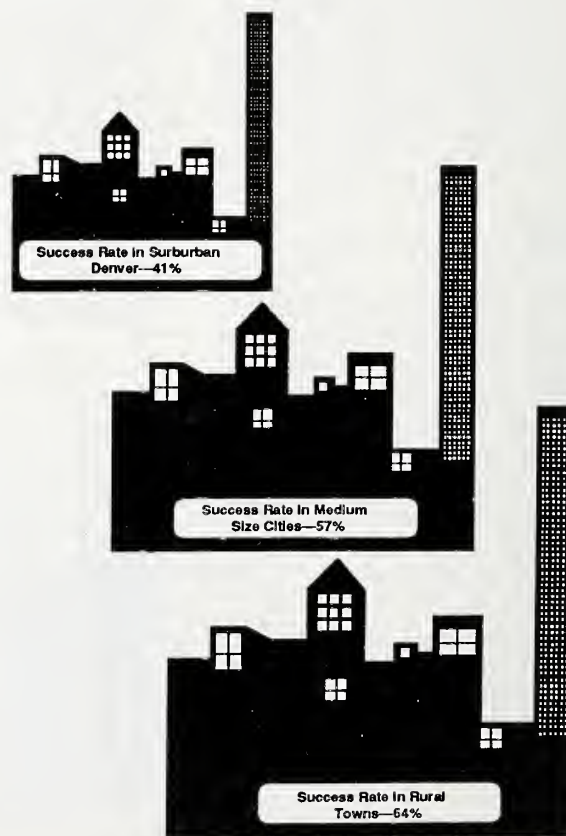
The above conclusions and anecdotes indicate that compliance with CRS-18-13-121 is the exception, rather than the rule.

prohibiting such sales.

- Pursue the development of a retail tobacco sales licensure program in which an enforcement program, supported by licensure fees, would be implemented. (The enforcement program could be managed by the Liquor Enforcement Division of the Department of Revenue.)

Summary:

In May of 1990, Secretary of Health and Human Services, Louis Sullivan, MD introduced model state legislation to restrict tobacco sales to minors. Without definitive actions, such as those suggested here and by Dr. Sullivan, tobacco use among Colorado's





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Council on Physician/Patient Advocacy

David Burlage, Esq., CSM Legal Counsel, was present at the last meeting to discuss and explain anti-trust regulations as they pertain to the problems of dealing with third party payors. Medicare nursing home visit reimbursement was also discussed. There will be no meetings held during the summer and the next meeting of the Council will be held during the Annual Meeting.

Medicare Advisory Committee

The Committee voted to support HB 3980, submitted by the Congressional Delegation from Alabama, regarding the Medicare regulation on reimbursement for covering physicians. The cost of providing medical record copies for Medicare audits was also discussed. Committee members agreed that the compensation should be fair and reflect the actual cost of preparing those records. The Carrier indicated they would provide information regarding their position on compensation.

Karen Ratner, M.D. is the new chairman of the Committee. Efforts are being focused at this time on scheduling a meeting with the Congressional Health Aides of the State in order to provide a better understanding of the problems encountered by physicians in the Medicare Program. Meetings for the summer months have been cancelled.

Medicaid Physician Committee

Representatives from the Peoples Clinic in Boulder provided information pertinent to their request to the Department of Social Services to be included in the Primary Care Physician program., as discussion of this issue continue.

The issue of the much publicized "collection letters" was discussed and it was determined that an in-depth verification process will be followed before any further action is taken. Publication of PCP numbers, the PCP program report and physician reimbursement increases for 1991 were also discussed. Meetings for the summer months have been cancelled.

Workmen's Compensation Advisory Committee

Committee members feel that progress has been made in recent months from the standpoint that through the legislative activity, CMS has been able to focus attention on the fact that physicians need to be a part of any discussions relevant to Workers' Compensation. CMS members will be part of a coalition group as well as a committee being formed under the auspices of the Insurance Commission. The next meeting of this committee will be in August.

Coalition on Senior Issues

The Coalition presented the slide program entitled "Communication: It's Good for Your Health" at the Malley Senior Recreation Center in

Englewood. Dr. Robert McCartney and Mr. Dale Querfeld were the facilitators for the program, which was very well received by the guests.

The Coalition has decided to accumulate information about available health care in the State which may not be well publicized. Mr. Don Hoaglund will be present at the next meeting to discuss a report published by the Center for Health Policy & Ethics regarding health care needs in Colorado.

InterProfessional Committee For Your Information

From time to time, CMS receives inquiries regarding a joint committee of the Colorado Medical Society and the Colorado Bar Association. The purpose of the committee, when first formed many years ago, was to develop standards of conduct for medical/legal affairs on an interprofessional level. **This committee no longer exists,** however, copies of the handbook, *InterProfessional Code*, published in 1987, are still available. If you would like a copy of this handbook, contact Mary Lee Johnston at CMS, 1-800-654-5653 or (303) 779-5455.



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Record Release Issues—Another Perspective

Letters



by Judith Moore, Office Manager
Boulder Neurosurgery, PC

*Ed. Note: A Letter to the Editor from an attorney sparked a continuing debate on this issue in which there are many points of view to be taken into account. Please refer to **Colorado Medicine** for January, 1990, pp. 10-13; and February, 1990, p. 53 for background.*

On April 1, 1990, the Denver Post *Perspective* section, *Law and Society*, printed an interesting article. In that article titled "Big problems with the legal system require big solutions", John L. Kane, U.S. District Court Judge, is reported as saying that, "The problems of the legal profession go much deeper than public relations and they won't be repaired by tidying up around the edges, a kind of cosmetic makeover." He has also pointed out in lectures a belief that, "public perceptions are generally correct. Perceived problems are real. There are ethical violations in the legal profession. There is a legitimate loss of public confidence, and among lawyers there is a loss of sense of professionalism."

These perceptions are created and reinforced by experiences such as I recently had. In my capacity as office manager for a surgical practice, I was served with a subpoena to attend a records deposition for the purpose of surrendering patient records. The attorney disputed our right to establish reasonable charges for records and proceeded to quote a charge apparently suggested by guidelines published by the AMA. The amount disputed was \$47. An alternative was offered to the attorney. Rather than providing copies of records comprised of reports from another health care provider, our office-generated records would be supplied at a base charge of \$10. Service of the subpoena was the response. I called the attorney and was instructed I could provide the records at a charge they computed as appropriate, or respond to the subpoena and no amounts would be paid for time, travel or records.

The "justification" for this was the need to contain costs of litigation. Certainly the \$47 in question was expended in the preparation and service of subpoena. In fact, this entire episode was an attempt to intimidate, coerce and "flex" the muscle provided by a Juris Doctorate degree and the Colorado Rules of Civil Procedure.

A complaint was lodged with the Interprofessional Committee of the Colorado Bar Association which assisted in the preparation and distribution of the Interprofessional Code. In the Committee response (drawn from a meeting comprised of attorneys) it was suggested, "the need for the subpoena may not have been present."

The Interprofessional Code so eagerly seized on and endorsed by the legal profession also provides in Section 1.4, General Principles, "An attorney is an advocate and has a duty to zealously represent his client's best interests in litigation. However, that duty as advocate never justifies abuse, intimidation, badgering or personal attack on a medical witness...A physi-

cian need not tolerate abuse or improper conduct and should promptly bring it to the attention of the opposing counsel...or an appropriate grievance committee."

It is my contention the charge assessed was not exorbitant, that all reasonable efforts were made to accommodate requests, that the attorney acted improperly and the purpose was not to represent client interest, but rather to intimidate and coerce.

The records release issue urgently needs to be addressed and this type of harassment stopped. Attorneys need to recognize the damage they are doing and, as Judge Kane pointed out, they need to look to themselves for answers to these problems.

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George Sheehan Sparks Fitness

Awareness Among Medical Students

These rules form the framework of a healthy lifestyle. That concept was explained to a recent meeting of the Medical Student Component of the Colorado Medical Society by Cardiologist George A. Sheehan, MD. Dr. Sheehan travels the country advocating a healthier lifestyle as a precaution against aging and disease. His stop in Denver was well

received by the crowd of students and staff at the University of Colorado School of Medicine who attended.

Precaution may not be the best word. The 71 year young Dr. Sheehan is entering his 25th year of competitive running and seems anything but cautious. One of the things an audience notes most about his presentations is the humor. "You need eight hours of sleep," he is quoted as saying, "Don't give me this bit about Donald Trump sleeping only three hours a day. Sure, look what that got *him* into." Or this, "The body knows what it is doing. It's the most sophisticated instrument every devised. All you have to do is listen to your body. The trouble is, a lot of us have never communicated with our bodies. There are a lot of bodies out there that should have an 800 number to call for help."

Listening to your body is an integral part of that healthy lifestyle. It contains basically two parts; diet and exercise. That's nothing new, but he has an interesting approach to it. For the diet

Breslow's Seven Rules

1. *Don't smoke*
2. *Get seven hours of sleep*
3. *Eat breakfast*
4. *Keep your weight down*
5. *Drink alcohol moderately*
6. *Exercise regularly*
7. *Don't snack between meals*

part, he recommends the basic American Heart Association diet, with 30% of the calories coming from fat.

It's on the exercise part where he departs a little from established norms. Dr. Sheehan advocates 30 minutes of muscular activity at a comfortable rate, four times a week. He says, "95% of the effect of aerobic exercise is at the muscle level," and "Perceived exertion is a very satisfactory way of monitoring activity." Rather than the usual formula of maximum oxygen uptake, aerobic exercise, cardiopulmonary endurance and target heart rates, Dr. Sheehan emphasizes physical work capacity, aerobic metabolism, muscular endurance and perceived exertion.

Make it simple and enjoyable and listen to your body. These are the basic principles of effective exercise according to Dr. Sheehan. "The trick is, what to do? It should be fun, play, something you love to do." He admits to a preference for running, which many people consider boring, but says that walking, swimming, cycling, dancing and

racquet sports are only some of the examples of exercises that work on the major muscle groups. Change your lifestyle and you change your chances of serious cardiovascular diseases, possibly your lifespan and certainly your enjoyment of life. You are an athlete, competing in the game of life, says Dr. Sheehan, but "some of us are in training and some are not.... We're

born with a 70 year warranty, but nobody reads the instruction manual."

Get plenty of sleep (take an afternoon nap if you can get away with it, he advises), eat well and exercise comfortably for 30 minutes, 4 times a week. That's all there is to it. You spend 16 hours a day in athletic competition, says Dr. Sheehan, just living life. You'd better be in shape for it.



Malpractice Settlement Becomes Windfall in Unique Case



Excerpts from the Denver Business Journal (6/4/90)

Less than half way through the trial of two Denver neurosurgeons at St. Anthony Central Hospital, Copic Insurance Company of Denver agreed to pay a \$100,000 settlement to the North American Indian Heritage Center of Riverton, Wyoming. The charity organization was chosen by the plaintiff and her husband, who is a Wyoming state legislator and is part Arapahoe Indian.

The plaintiff, Sheran Ratliff, of Riverton, Wyo., was paralyzed and brain-damaged from complications resulting from nasal surgery. During a 1986 surgery in Wyoming, the surgeon punctured Ratliff's skull and the lining of her brain, causing cerebral spinal fluid to drain into her nose and throat, opening a passage for air and bacteria to reach the brain. Ratliff was brought to Denver to have the hole surgically patched.

A neurosurgeon attempted to repair the hole on two separate occasions. A second neurosurgeon assisted in the second operation and the hole was successfully sealed.

Hospital workers encountered difficulties in feeding intravenous fluids through the patient's veins and a subsequent operation was performed by two other surgeons. During that procedure to insert a needle into a vein near her lung, the lung lining was punctured and collapsed. Because the

"Lawsuits are not filed so third-party charities can be rewarded. . . ."

collapse was not immediately noted, Ratliff was deprived of sufficient oxygen for several hours.

Within 10 days it became clear Ratliff had suffered a stroke and extensive brain damage, although there was debate about what caused the damage.

Ratliff sued the Wyoming surgeon in Wyoming and settled for a "very, very substantial sum of money," according to one attorney in the Denver trial. In Denver, Ratliff also sued the hospital and the four physicians, settling with the hospital and two of the physicians for a "significant sum of money." A trial against the remaining two neurosurgeons began April 30, 1990, in Denver District Court.

After two weeks of the trial, Ratliff's case, according to the newspaper reports, was in trouble because of poor performance by an expert witness, the defendant's ease of placing the blame on the doctors who had already settled, and juror knowledge of the previous settlements. A \$1.8 million initial

settlement demand soon fell to \$400,000. But one of the defendant physicians thought that "even \$50,000 would be a concession of responsibility," said Peter Pryor, the defense attorney.

According to the report by Tom Lock in the *Denver Business Journal*, Pryor came up with the idea of a donation to charity, which opened an opportunity for the plaintiff to "leave the battlefield with some dignity intact".

Plaintiff attorney Neil Hillyard of Englewood said that lawsuits are not filed so third-party charities can be rewarded.

K. Mason Howard, M.D., CEO and Chairman of the Board of Copic Insurance Company said he felt the outcome to be acceptable, if not ideal. Despite the fact that exhaustive review showed no evidence of neurosurgical negligence, Ratliff's condition at the time of trial raised the real possibility that a jury might wish to compensate her out of sympathy alone.

"With the plaintiff's case falling apart at trial, and with an opportunity to settle in a way which did not add to the plaintiff's already substantial compensation, we thought Mr. Pryor's solution had real merit. The very fact that no further dollars went to plaintiff's lawyer will (hopefully) remind plaintiff lawyers that Colorado physicians are unwilling to settle claims involving non-negligent medical care", said Copic's Howard.

President's Letter *(Continued from pg 176)*

policy which takes into consideration as many of the variables of health care provision as does the state's fiscal budget. In other words, we must create stability by budgeting our health care resources over the long term. Therefore, the policy-makers must focus on this critical issue. . . critical to the success of the economic development policies now in place.

This is a complex undertaking which must depend on the development of a working relationship between employers, patients, government, the medical profession and all other entities which provide specific health care services. These entities must function in an environment of economic stability in order to make long-term commitments to the improvement of all aspects of health care in Colorado.

As the medical profession views this, the cornerstone of such a state health care policy has to be stability of medical care through assurance of the highest quality health care accessible to the greatest number of people.

We know there are certain "givens" in this matter at the outset:

- limited health care resources, both in government dollars and in available physical facilities (hospitals and clinics suffering shrinking revenues, reduced physician reimbursement);
- limited ability of a large number of Coloradans to pay for the needed health care (medically indigent);
- fewer and fewer federal tax dollars available to state-level health care assistance programs (Medicare's dwindling funds - Medicaid's increasingly measured and restricted aid to the low income and needy - Greater restrictions by third-party payors on health care coverage - Fewer physician services, shorter hospital stays and less and less out-patient services);
- increasing "aged" population which requires more health care for less than usual and customary rates;
- increasing number of newborn, who are "low birth-weight" babies, or are born of a substance-abusive or addicted mother, resulting in very long-term social services care (predictions of thousands of children who will be no more than societally functional their entire lives and long-term wards of the system);
- disproportionate numbers of uninsured or under-insured people in rural Colorado

When attempting to balance social needs versus public resources to supply these needs, a number of things become apparent:

1) increasing the ability to provide these needed services has not kept pace with growing public demands; 2) much of the shortfall in providing the needed services stems from Colorado's weakened economy during the past two decades; 3) economic recovery is largely dependent upon a healthy, satisfied population; 4) debilitating lifestyles are, in many cases, the result of an unsatisfied (and unhealthy) population.

Colorado's long-term health care policy must be based on the following:

- I. Public education which will help improve or change our lifestyles.
- II. Public awareness programs on prenatal care, immunization and well-baby services.
- III. Prioritization of the state's health care resources.
- IV. Provision of a basic benefits health care plan which is available to the total needy population (medically indigent, low-income, Medicaid recipients) first, and in a graduated form to the balance of the population.
- V. Protection of the worker and the employer through restructuring of the state worker's compensation program, including the increased responsibility of the employer to educate employees on workplace safety.
- VI. A strong, cooperative effort between government, public representation, commerce and industry and health care professionals.
- VII. Public input into the process through the Health Care Commission.
- VIII. Logical, realistic, measured goals established through such coalitions and education, paced throughout a long-term (typically 5-year) policy. (These elements cannot be addressed as though they were component parts existing in a vacuum, but must be addressed together as part of a total health care strategy), e.g.,

Phase One:

- A. A public program of education and rewards concerning pre-natal care, family health, to be in place and functioning by July 1, 1991;

- B. Employer incentives program (reduction in Workman's Compensation Insurance premiums) for workplace safety education and job training;
- C. A "Healthcare Policy Commission" (made up of representatives of consumers, legislators, business and public) established and operating by January 1, 1991;
- D. A "basic benefits" program based on the Commission's prioritization of health care needs and procedures, in place by July 1, 1992;

Already in 1990, Colorado (in both the private and the public sectors) has taken two giant steps toward realizing some of the above: 1), commencing dialogue concerning prioritization of Colorado's health care needs and services, and 2), legislation of a "health-insurance pool" for the medically "uninsurable", funded by a surcharge on state income tax returns.

During the coming year we must also deal with the finalization of a Colorado Health Care Policy including: the further analysis and implementation of plans for access to health care, restructuring of the Workmen's Compensation Insurance program, working toward organizing privately and publicly financed health care programs and giving assurance of health care availability to the uninsured (and uninsurable) population.

In our present state planning, there is no overall direction-giving policy, which is (in our view) essential to a successful, broad-based health care delivery system. Many of our current system components are left to shift for themselves, or left to the mercy of the political cycle. Our state's economy cannot be revived without attention to this very basic common denominator: **a healthy population.** Neither will new industry wish to relocate to Colorado, nor will existing industry be able to continue to do business here without immediate attention and policy determination by our state government. The medical professionals (and, I am sure, all health-care related participants) are ready and willing to participate from an objective viewpoint in this long-term policy creation. We rely on you for the leadership necessary to getting the job done.



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Copic COMMENT

More on Limits of Liability

Many physicians call with questions relating to the liability limits of their Copic policies. Since there seems to be persisting confusion in this regard, the following information will hopefully clarify the issues.

\$1 million/\$3 million: This display on the declarations sheet of your professional liability policy indicates that your coverage is for \$1,000,000 per single claim and \$3,000,000 for the one year period of the policy. Similarly, if you carry \$2,000,000/\$4,000,000 limits, there is available coverage of \$2,000,000 per claim and \$4,000,000 per policy year.

Currently, about 80% of Copic insureds carry the lower limits of \$1/\$3 million, probably reflecting the approximately 30% lower cost of this coverage and the fact that we now have a \$1 million "cap" on awards in Colorado

- and to date no jury verdicts or settlements against a single physician which exceed \$1 million.

Defense Costs. As noted previously, the significant expenses associated with the defense of claims - "defense costs" - are covered by your policy in addition to the limit of liability available to meet indemnity payments.

Aggregate Limits. As noted in the second paragraph above, the **Annual Aggregate Limit** on your policy (\$3million vs \$4million), which protects you against multiple claims in a single year, has been increased to the current levels by our reinsurer at no additional cost to Copic or to you. This is a significant enhancement to the policy you own, especially in light of the fact that it comes without extra cost.



*Carlton M. Dean, M.D.
August 14, 1931 - June 22, 1990*

Carlton M. "Carl" Dean, M.D., of Golden, CO, died June 22, 1990, after an extended illness. Doctor Dean had been an active member of Colorado Medical Society for 32 years. At the Interim Meeting of the CMS House of Delegates in April, 1990, Dr. Dean was the recipient of the

Colorado Medical Society Certificate of Service for his long term contributions to CMS and to his profession. His efforts on behalf of organized medicine were most notable over the years as a member and as the Chairman of the CMS Risk Management Committee. The committee's work played an important role in development of a successful risk management program and, subsequently, a professional liability insurance trust, which have become major components of membership in CMS. He also served as Chief of Staff and a member of the Board of Lutheran Hospital and was President of the Rocky Mountain Urologic Society. He was a Clinical Professor at the University of Colorado School of Medicine.

Dr. Dean earned his medical degree from Washington University Medical School in St. Louis, MO. He interned in 1957-58 at Barnes Hospital, St. Louis, and completed a residency at the Veterans Hospital and Colorado General Hospital in Denver from 1958 to 1962. He was also a member of the Clear Creek Valley Medical Society and the American Medical Association.

"Carl" Dean is survived by his wife, Lois, a son and three daughters.



Colorado Chosen for 1990 American College of Surgeons' "Cancer Management Course"

Michael E. Peetz, M.D., F.A.C.S., of Greeley, CO has been selected as Course Director for the American College of Surgeons' "Cancer Management Course" to be offered in Colorado this year for the first time.

The two-day seminar to be held at The Stanley Hotel in Estes Park, CO, August 10 and 11, is one of only eight sites in the United States.

The course emphasizes a multidisciplinary approach to caring for cancer patients, and will cover both general principles and major sites/types of cancer. Course faculty will include national and regional experts in the field of oncology.

"...the best thinking of the best minds in this ever-changing and challenging field."

Seminar participants will receive 13 hours of Category I CME credit. Seminar fees are \$275 for a Fellow of ACS or Cancer Liaison Physician, and \$350 for a non-Fellow.

As a co-sponsor for this course, North Colorado Medical Center is making a limited number of scholarships available to rural physicians. For more information, contact Vicki Baier at (303) 350-6104 or Dr. Peetz at (303) 350-2426.

The "Cancer Management Course", a concise, two-day seminar, developed by the Commission on Cancer of the

American College of Surgeons, has been authored by leading cancer specialists and taught by specially qualified physicians. The seminar includes lectures, skill stations, and case studies designed to keep you abreast contemporary techniques and technologies in cancer care - from diagnosis, staging, and treatment to follow-up, rehabilitation, and recurrence.

The 1990 edition of the "Cancer

Management Course" represents the best thinking of the best minds in this ever-changing and challenging field.

Course Director Michael Peetz, M.D., a general surgeon, is a member of the Colorado Medical Society Board of Directors. He is affiliated in practice with the Greeley Clinic. He has been a member of Colorado Medical Society for ten years. He received his medical degree from the University of Nebraska at Omaha.

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Anticompetitive Conduct: The Committee on Peer Review

by Adrean Harris, Administrative Officer
Committee on Anticompetitive Conduct, State of Colorado

TO SIT OR NOT TO SIT has been just one of the many questions surrounding peer review. The "*Patrick vs. Burget*" decision, initially heard in the Oregon Courts in 1981, has prompted Colorado to establish new statutes and a Committee on Anticompetitive Conduct.

Timothy Patrick was a physician, forced by a hospital peer review committee in Oregon to resign his privileges amid charges of substandard care. He filed suit and claimed that the peer review committee was, in actuality, trying to remove him in order to eliminate the competition in the local area rather than to improve patient care.

Dr. Patrick prevailed at trial and was awarded \$650,000 in damages and \$1.95 million in punitive damages. The U. S. Court of Appeals reversed the verdict in 1986, ruling that the state's mandate to conduct peer review immunized the physicians on the peer review committee against antitrust liability under the "*state-action doctrine*" (American Medical News, Harris Meyer). However, in a unanimous decision last May, the Supreme Court overturned the Court of Appeals, instead ruling that the Oregon peer reviewers were not immune from antitrust liability because the state did not actively supervise the peer review process.

Peer review groups across the nation have been extremely hesitant as a result of this precedent-setting case, hesitant to even accept review

The Committee on Anticompetitive Conduct established to oversee the private peer review process...

responsibilities. The intent of Colorado's SB 261, 1989 peer review bill is to provide an adequate mechanism in the state system for oversight of private peer review proceedings so that antitrust immunity is available under the state action doctrine. That doctrine requires the peer review process to be:

1. One which is clearly articulated and affirmatively expressed as state policy, and
2. That there be "active state supervision" of the peer review process.

To fulfill the requirements of the state action doctrine and therefore extend immunity from antitrust liability to persons who serve on peer review committees, the Colorado legislature enacted Article 36.5 of Title 12, C.R.S. The legislation became effective on July 1, 1989. Title 12-36.5-101, C.R.S. declares that the Board of Medical Examiners acts for the state in its sovereign capacity to govern licensure,

discipline and professional review of persons licensed to practice medicine in Colorado, and recognizes that, in order to do so, the Board must to some extent "replace competition with regulation". 12-36.5-103 authorizes the Board to utilize and allow professional review committees to assist it in meeting its responsibilities. These portions of the statute address the first requirement of the state action doctrine: that the conduct be clearly expressed

as state policy.

The second requirement of the state action doctrine mandates active state supervision. According to *Patrick v. Burget*, in order to meet this requirement, state officials must have and exercise power to review particular anticompetitive acts of private parties and disapprove those that do not comply with state policy. To meet this requirement Colorado has created a state entity to oversee the private peer review process, i.e., the **Committee on Anticompetitive Conduct**. Colorado is presently the only state in the nation to establish a Committee on Anticompetitive Conduct.

The legislation addresses the question of immunity directly in several places. Section 12-36.5-103 (3)(b), C.R.S. states:

"Professional review committees, the members who constitute such committees, governing boards, and persons who participate directly or indirectly in professional review proceed-

ings are granted certain immunities from liability arising from actions which are within the scope of their activities and taken in good faith as provided in section 12-36.5-105. Such grants of immunity from liability are declared to be necessary to ensure that professional review committees and governing boards can exercise their professional knowledge and judgement."

Section 12-36.5-105 C.R.S. provides:

"(1) A member of a professional review committee, a witness before a professional review committee, or any person who files a complaint or otherwise participates in the professional review process shall be immune from suit in any civil or criminal action, including antitrust actions, brought by a physician who is the subject of the review by such professional review committee, if such member made a reasonable effort to obtain the facts of the matter as to which he acted, acted in the reasonable belief that the action taken by him was warranted by the facts, and otherwise acted in good faith within the scope of such professional review committee process and if such witness or participant acted in good faith within the scope of such professional review committee process.

(2) The governing board, the individual members of such board, and the entity which has established a peer review committee, shall be immune from suit for any damages in a civil or criminal action brought by a physician who is the subject of any action taken by such board or members if such board or its members, acting as individuals, act in good faith..."

The Committee on Anticompetitive Conduct (Committee) established to oversee the private peer review process is composed of five members, four of

which are licensed physicians, actively engaged in the practice of medicine and who have been appointed by the Board of Medical Examiners. The fifth member has been appointed by the governor and is a licensed attorney with expertise in the area of antitrust law. Section 12-36.5-106 (7), C.R.S. states:

"Any physician who is the subject of a final action by a governing board, which action results in the denial, termination, or restriction of privileges at, or membership in, or participation in an organization and who believes that such action resulted from unreasonable anticompetitive conduct shall have as his sole and exclusive remedy, direct review of the record by the Committee."

This review is limited to the sole issue of whether such final board action resulted from unreasonable anticompetitive conduct and it is important to note failure to exhaust this remedy before the Committee shall preclude the right of de novo review on the merits of the issue of unreasonable anticompetitive conduct.

In order to seek review, a verified complaint must be filed with the Committee no later than thirty days after receipt of a notice of final action by the governing board of the peer review committee. The Committee then mails a copy of the complaint to the governing board and professional review committee which have thirty days after receipt of the complaint to file their answer.

If the Committee finds that probable cause exists, it shall schedule a hearing to review the record on the sole issue of whether the final action of the governing board resulted from unreasonable anticompetitive conduct. If the Committee finds, by evidence, that the final action resulted from such conduct, it shall issue its final order disapproving and setting aside such action or modifying the action taken by the governing board in whole or in part, which final order shall be binding on the parties. If the Committee fails to find that the final

action of the governing board resulted from unreasonable anticompetitive conduct, it shall issue its order dismissing the complaint.

As a condition of filing a complaint, the complainant shall post a cash bond or equivalent liquid security of three thousand dollars to cover anticipated costs. The governing board shall also post a similar bond. Generally, the losing party will be required to pay the expenses of the review and the winning party's bond will be returned.

The Committee has promulgated rules of practice and procedure concerning the operation of the Committee. Physicians, peer review boards and governing boards alike need to be aware of the new statute and regulations as important resources and tools for all concerned parties. Further information can be obtained by contacting the Committee on Anticompetitive Conduct at the Board of Medical Examiners.

Assistance received from information provided by the Colorado Bar Association, the American Medical News, and the Colorado Attorney General's Office.

The 1990 Colorado Medicine Physician's Directory is now available.

If you need a second copy for the office, they are available to CMS members for \$15.00 each, plus \$2.00 postage & handling. . . or they can be purchased at the CMS offices. This is the **best medical office resource book** yet, and if you, Doctor, don't have a need for a second copy, check with your staff. They probably need the Directory even more than you.

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Mildred E. Doster, M.D., M.S.P.H.

The Women In Medicine Section of Colorado Medical Society, at the 1990 Interim Meeting, honored **Mildred E. Doster, M.D.**, in appreciation for her "devotion to providing health care for children". Dr. Doster began her career of caring for the health of children when she began work for the Denver Public Schools in 1938 as an examiner. Following a move to the position of Assistant Director in 1940, she served in that position (with the exception of two years leave of absence) until her mandatory retirement in 1974.

Dr. Doster was able to establish and maintain a nationally-known school health program which includes screening children for health problems, educating the parents about health care and making sure that appropriate and accurate health information was included in the school curriculum. As true today as it was early in Dr. Doster's career with the schools is her statement that "Medicine must team up with education to help understand children's combined emotional and physical problems. Children bring their problems along with them every day. It

costs so much to educate them, and then if they're not in good physical and mental health, they can't learn. We want to help children to optimum health."

Mildred Doster was born in Doster, Michigan (founded by her great uncle), and attended Kalamazoo College and the University of Michigan School of Medicine. Married to **Robert W. Virtue, M.D.**, in 1935, the couple moved to Denver where they entered private practice with an interest in obstetrics. CMS salutes Dr. Mildred E. Doster!

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1990 Colorado State Games

This year's Colorado State Games will once again be held in Colorado Springs. The primary venue will be the Air Force Academy. The games are scheduled for Friday, July 27, Saturday, July 28, and Sunday, July 29. Last year there were 5,000 athletes that participated. We are expecting over 8,000 athletes this year.

We are anticipating a need for approximately 40 to 50 physicians this year. If you would be interested in volunteering for a half day of coverage (or more) please fill out the form at the top of the page and return it to me as soon as possible.

Once we have the entire schedule set up, you will be mailed detailed information about coverage sites and times. Last year we had a lot of last minute cancellations which really put an additional burden on the physicians who did show up. Thus, I would ask that you not sign up unless you are absolutely serious about keeping this commitment.

Please R.S.V.P. to G. Thomas Morgan, M.D.
801 N. Cascade Ave., #37
Colorado Springs, CO 80903
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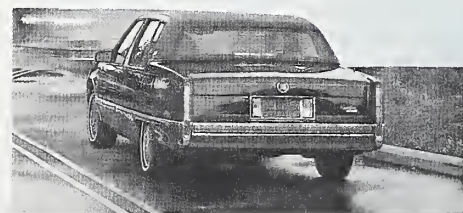
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New National Specialty Society Formed

The Executive Board of the American Academy of Neurology has approved a plan submitted by the Academy's Section on Neurologic Rehabilitation to establish the American Society of Neurorehabilitation. Norman Namcrow, MD, chairman of the section, said the main need was for a credentialing organization in neurorehabilitation, "The Academy is traditionally an educational and scientific organization, and does not provide credentials. However, many of the members of the neurorehabilitation section have told me that credentials in neurorehabilitation are what they need most right now.

Planning for support staff and funding are not yet complete. For more details, contact American Academy of Neurology, 2221 University Ave SE, #335, Minneapolis, MN 55414 (612) 623-8115.

NOTICE AMA Moves Its Headquarters

The American Medical Association will begin moving into leased space in a new headquarters building on August 16. Reasons given for the move included the increasing operation and maintenance expenses generated by the present headquarters building which was originally constructed in 1902 and has been added on to several times.

Effective August 27, 1990 the AMA's address will be: 515 N. State Street, Chicago, IL 60610. The general office phone number will be (312) 464-5000.

How Effective Is That Procedure?

The U. S. Preventive Services Task Force has issued a report which assesses the effectiveness of 169 interventions. This report is contained in a book called "Guide to Clinical Preventive Services". Colorado Medical Society has obtained a copy of this publication, which will be maintained as a resource to our members. Please phone (303) 779-5455 or 1-800-654-5653, extension 407 for more details or to see the book.

Surveys You'd Like to See

Perhaps **Colorado Medicine** should take such a survey. How would you respond?

Clear Creek Valley Medical Society took a poll recently to determine reader perceptions of their newsletter. Members advocated an expanded section including free classified advertisements for members, highlights of committee reports, pictures of new members and a Letters to the Editor section, among other things.

According to the newsletter, some of the most interesting results involved the President's picture. 61% of the respondents liked the picture on the front page, where it currently runs, 6% thought it should be on the second page, 29% voted for the Post Office wall and 2% wanted it on toilet paper. How is that for member support Dr. Yakely?

CALL FOR NOMINATIONS 1990 Colorado Medical Society

Certificate of Service Award

In recognition of a physician's outstanding contribution to the constitutional purposes of the Society.

Presented at the Annual Meeting to be held September 13-16, 1990 at the Keystone Resort, Keystone, Colorado

ROBINS AWARD

For Outstanding Community Service

Nominee must be a living physician, licensed in Colorado, who has not received the award before. Include information on the nominee's specific service to the community.

The A.H. Robins Award will be made at the 1990 Annual Meeting, September 13-16, 1990 at the Keystone Resort, Keystone, Colorado. **DEADLINE** for receipt of nominations is August 13, 1990

Submit nominations in writing to:
CMS Confidential Awards Committee, PO Box 17550, Denver, CO 80217-0550

Medicare Volume Performance Standard (MVPS)

(The following is taken from the "Medicare Bulletin, June 15, 1990", published by the Blue Cross and Blue Shield of Colorado and is reprinted here at their request. Publication of these same statements appeared in the CMS guide "What Every Colorado Physician Should Know About OBRA, 1989". This book has been used and distributed extensively through the CMS House of Delegates and workshops offered by the CMS Division of Physician Services and the Physician/Patient Advocacy Council, Medicare Advisory Committee. At the request of Blue Cross/Blue Shield, Colorado Medicine is re-publishing them here.)

Physician Payment Reform Update

What is The MVPS?

The Omnibus Budget Reconciliation Act of 1989 (OBRA-89) established Medicare Volume Performance Standard (MVPS). The MVPS is applied to each fiscal year beginning October 1, 1989. MVPS is the Government's judgement of how much growth is appropriate for Medicare Part B physician expenditures.

Physician performance under the MVPS is used as a factor in determining the amount of the annual payment update for physicians. The FY 1990 MVPS has been set at 9.1 percent. For 1991, there are two MVPS : for surgery and non-surgery.

The MVPS is established in one of two ways. Either Congress will establish it by legislation, or if Congress does not act, it is set by the Department of Health and Human Services (HHS) using a prescribed formula.

The process works as follows: MVPS recommendations for the following fiscal year are issued in April by the Secretary. The Congress then has until October 15 to set the MVPS for the new fiscal year. If it does not act by that time, the Secretary is required to publish a notice in the *Federal Register* containing the formula and derive the MVPS.

The Secretary has recommended rates of increase of 8.7 percent for surgery and 10.5 percent for non-surgery for FY 1991. The recommendations are required to be reviewed in May by the Physician Payment Review Commission (PPRC).

In formulating MVPS recommendations, the Secretary of HHS is required to consult with physicians' organizations and take into account:

- Inflation
- the changing size and age composition of the Medicare population
- changes in technology
- evidence of inappropriate utilization
- evidence of inadequate access, and
- other appropriate factors.

How the MVPS Affects the Annual Payment Update (APU)

The major purpose of the MVPS is to guide Congress in its consideration of the appropriate annual payment update (APU) for Part B physician services. This APU will be applied to update the new Medicare relative value scale beginning January 1, 1992.

The APU will be adjusted to reflect the success or failure in meeting the MVPS. For example, if the FY 1990 data shows that actual Part B physician expenditures increased 11.0 percent instead of the projected 9.1 percent, and the FY 1991 update would otherwise have been 4.0 percent, then the payment update beginning January 1, 1992 would be reduced 2.1 percent. Thus, the actual rate of increase in FY 1990 directly influences the 1992 annual payment update.

Conversely, if actual physician expenditures increase in FY 1990 by 7.5 percent and the FY 1991 update would otherwise have been 4.0 percent, the update would increase to 5.6 percent. The 1.6 percent is added as a bonus to 4.0 percent because physicians held growth down to 1.6 percentage points less than the MVPS announced for FY 1990.

The amount of a downward adjustment in the annual percentage update is limited to 2.0 percentage points in 1992 and 1993; 2.5 percentage points in 1994 and 1995; and 3.0 percentage points in any subsequent year. There is no limit on increases in the update index amount.

As with the MVPS, the Secretary is required to recommend to Congress the APU in April considering the following factors:

- the relationship between actual intensity of services
- changes in the volume and intensity of services
- access to services, and
- other relevant factors.

The PPRC is required to review and comment on the Secretary's recommendations by MAY 15. The Congress will then have until the next update in January to establish the APU.

If Congress does not act, the update will be based on the Medicare Economic Index plus or minus the absolute percentage difference between actual Part B physician expenditures and the MVPS.

MVPS and You

The broad MVPS approach has the support of Congress, HCFA and many medical organizations. While any new program brings with it uncertainties and disagreements about how the program should operate, it is clear that the MVPS adopted each year will reflect the Government's best judgement regarding desired growth in Part B spending for physician services.

The MVPS was not designed to be a determining factor for individual medical treatment decisions. It is one of several Medicare management tools designed to address concerns about the rates of increase in the volume of physician services. Other Medicare activities that may have a more direct bearing on individual physician practices include existing carrier medical review activities and new individual physician profiling. These will be the subject of future articles.

If you'd like to obtain a copy of *"What Every Colorado Physician Should Know About OBRA 1989"*, contact Edie Register, Program Manager, Medicare, Colorado Medical Society, (303) 779-5455 or 1-800654-5653, at P. O. Box 17550, Denver, CO 80217-0550

State to Drop 10,000 Kids Off WIC

The Colorado Department of Health has announced that a 10% rise in the cost of food will force them to reduce the caseload of the Supplemental Food Program for Women, Infants and Children (WIC) by 20% in the next four months.

The WIC program provides a nutritious supplemental food package, nutrition education and health service referral to pregnant and breastfeeding women and to children up to their fifth birthday, who are determined to be at risk because of low income and health related problems. The program has been shown to reduce public expenditures for medical care by improving the health of mothers and newborns, especially among those who can least afford regular health care. One Harvard study estimates that for every dollar spent on prenatal care, there is a three dollar reduction in hospital costs later. Taxpayers pick up much of that increased cost in the case of low income families.

Bill Eden, director of Colorado's WIC program, says "These food cost increases have forced the staff to begin to remove 10,000 children from the current caseload of 50,000 as they come up for recertification or redetermination of their eligibility." He said that children who have growth problems or who are anemic will continue to be served, as well as pregnant and breastfeeding women and infants.

The WIC program is administered in Colorado by the Department of Health under funding from the U.S. Department of Agriculture. For more information, contact Bill Eden at (303) 331-8380.

Leukemia Research Grants

The Leukemia Society of America is accepting applications for 1991 grants to encourage research in both basic science and the clinical aspects of leukemia and related diseases. The grants are for work which seeks the causes and eventual cures for leukemia, the lymphomas, Hodgkin's disease and multiple myeloma.

Grants will be made in three categories: 5 year **Scholar** grants (for researchers with at least five years experience in original investigation), **Special Fellow** grants (3 year grants for investigators in the intermediate stages of career development), and **Fellow** grants (for promising investigators with little or no experience). Candidates must have PhD, MD or equivalent degree and not have full institutional salary support.

Filing deadline is October 1, 1990. Contact: Research Grant Coordinator, The Leukemia Society of America, 733 3rd Ave, New York, NY 10017.

Patients Sought for Studies at University of Colorado

The University of Colorado School of Medicine is seeking patients for several studies currently underway. Patients with dermal ulcers caused by diabetes or a lack of blood flow to the area are needed for a double blind, placebo controlled test of a new synthetic wound healing product. The genetically engineered recombinant basic fibroblast growth factor being tested can be produced economically and used without the risk of infection, according

to researchers. Contact Professor David A. Norris, MD at (303) 393-2876 for more details.

A long acting nitroglycerin capsule will be tested on patients with chest pain due to coronary artery disease. Patients will undergo treadmill tests and take the medication for two months. Call Sue Bott, RN at (303) 393-2826 for more information. Some reimbursement is available.

White, non-Hispanic persons between 5 and 30 years of age without diabetes are being sought as a control group for a study of insulin dependent diabetes. A short questionnaire will be answered by telephone. Call Susan Stengl at (303) 377-1567 for information.

Hansen's Disease Patients Sought

The Regional Hansen's Disease Program of the Department of Health and Human Services provides medical services to patients throughout the United States. They are currently seeking to identify additional cases. Physicians who choose to utilize the program's resources can obtain medications, patient education materials, insensitive limb screening materials and clinical literature at no charge.

If you have a Hansen's Disease patient or an interest in managing Hansen's Disease cases and would like to be placed on the referral list, you may contact Mr. Larry Pfeifer, Clinical Coordinator, at 1-800-642-2477.

Methylprednisolone Effective in Spinal Cord Injuries

The Colorado Department of Health, The Wyoming Hospital Association and the Rocky Mountain Regional Spinal Injury System have issued an advisory to physicians concerning the efficacy of intravenous methylprednisolone within eight hours of a spinal cord injury.

Citing information from the U. S. Department of Health and Human Services (HHS), which was also reported in the *New England Journal of Medicine* during May, the statement said, "Ten centers participated in randomized, placebo-controlled, double-blind trials that entered 162 patients to methylprednisolone, 171 patients to placebo and 154 patients to a second drug, naxalone. Naxalone did not show evidence of efficacy." However, patients treated with methylprednisolone showed significantly greater improvement in their motor function and pin and touch sensation than the placebo group, to the extent that patients were twice as likely to improve from one motor function category to the next.

The methylprednisolone treatment must be started within eight hours of the injury and continued for twenty four hours, so the Department says, "It is vital for Colorado and Wyoming providers to be aware of this, for in these states, where almost 50% of patients with acute spinal cord injuries are treated at more than one hospital during the first 24 hours, intra-facility communication will be crucial."

For more details, call the HHS Neurology Institute at (301) 496-5751.

Library Services for CMS members

The Denver Medical Library (DML), 1719 East 19th Avenue, Denver, Colorado 80218 (303) 839-6670 (Hours: 8am - 5pm, M - F), provides services for members of the Colorado Medical Society. The library contains more than 40,000 volumes of medical books and journals and receives 400 journal titles, some dating back to the early 19th century.

The library will complete Interlibrary Loan requests as well as perform online computerized literature searches.

The literature searches usually cover a five year period and are completed within 24 hours of the original request. A minimal fee is charged for services to reflect the actual operational costs of the library. DML also sponsors a medical bookstore, **Denver Medical Books** at the same address, that provides an easy and convenient service. Books can be mailed directly to the physician's home or office. Just call 839-6672.

The library honors a proud heritage of medicine and is dedicated to supporting continuing medical education, research and patient care.

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DELEGATE ATTENDANCE - 1990 INTERIM MEETING

DISTRICT I - 5 DELEGATES

EASTERN COLORADO - 1 DELEGATE

None Present

MORGAN - 1 DELEGATE

(D) Thompson, Patrick (1-2)

NORTHEAST COLORADO - 2 DELEGATES

(D) Stahl, Larry G. (2)

WASHINGTON-YUMA - 1 DELEGATE

None Present

DISTRICT II - 7 DELEGATES

INTERMOUNTAIN - 2 DELEGATES

None Present

LAKE - 1 DELEGATE

None Present

MOUNT EVANS - 1 DELEGATE

None Present

MOUNT SOPRIS - 3 DELEGATES

(D) Painter, M. Ray (1-2)

(D) Rodriguez, José (2)

NORTHWESTERN COLORADO - 1 DELEGATE

(D) Post, Lawrence T. (2)

DISTRICT III - 10 DELEGATES

CHAFFEE - 1 DELEGATE

None Present

FREMONT - 2 DELEGATES

(D) Mohr, Gary A. (2)

(D) Gamache, Peter J. (1-2)

HUERFANO - 1 DELEGATE

None Present

LAS ANIMAS - 1 DELEGATE

(D) McFarland, Douglas M. (2)

OTERO - 2 DELEGATES

None Present

SAN LUIS VALLEY - 2 DELEGATES

None Present

SOUTHEASTERN COLORADO - 1 DELEGATE

None Present

DISTRICT IV - 7 DELEGATES

CURECANTI - 2 DELEGATES

None Present

DELTA - 1 DELEGATE

None Present

LA PLATA - 2 DELEGATES

(D) Kehmeier, Dean (2)

(D) Walters, Mark (1-2)

MONTEZUMA - 1 DELEGATE

None Present

DISTRICT V - 19 DELEGATES

ARAPAHOE - 19 DELEGATES

(D) Bartlett, Max D. (1-2)

(D) Brookens, Bruce R. (2)

(D) Heiss, Robert E. (2)

(D) Kruse, Robert L. (1-2)

(A) Larkin, Thomas P. (2)

(D) Levine, Mark A. (2)

*(A) Lewis, Frederick A., Jr. (1-2)

(D) Moffatt, Thomas W., Jr. (2)

(D) Price, Jerry G. (2)

(A) Heckmann, Richard C. (2)

(D) Steines, William (2)

(D) Thomason, Laura M. (1-2)

(D) Truitt, Leigh (1-2)

(D) Thulin, Barbara (2)

(A) Kraft, Elizabeth S. (1-2)

(D) Wood, John M. (1-2)

DISTRICT VI - 11 DELEGATES

AURORA-ADAMS- 11 DELEGATES

(D) Heaton, C. Edward (2)

(D) O'Dell, Robert A. (2)

(D) Sundland, Barry (1-2)

(D) Tyburczy, Joseph H. (1-2)

(D) Visconti, Paul (1-2)

(D) DiBella, Nicholas J. (1)

(A) Kraus, G. Thomas (2)

(D) Guillory, Gerard L. (1-2)

(D) Heaton, Angeline D. (1-2)

(D) Varnell, Jeffrey L. (2)

DISTRICT VII - 12 DELEGATES

BOULDER - 12 DELEGATES

(D) Bolles, Gene E. (1-2)

(D) Ceriani, Philip D. (2)

(D) Glode, John (2)

(D) Rubright, Mark W. (1-2)

(D) Rupp, Gerald R. (2)

(D) Wilson, Don E. (2)

*(A) Bedell, Richard F. (2)

(D) Curtis, William S. (1-2)

(A) Mooney, Herbert (2)

DISTRICT VIII - 19 DELEGATES

CLEAR CREEK VALLEY - 19 DELEGATES

(D) Campbell, Bernard E. (1-2)

(D) Daneshbod-Skibba, Ghodsi (2)

(D) Golbert, Thomas M. (1-2)

(A) Tegtmeyer, Ronald E. (1-2)

(D) Mann, James G. (2)

(D) Sadler, Dean L. (1-2)

(D) Stevens, Wayne E. (1-2)

(D) Yakely, M. Robert (1-2)

*(A) Eaton, Wyley E. (2)

(D) Brundige, Richard L. (1-2)

(D) Cedars, Chester (1-2)

(A) Meyer, Maryethel (1-2)

(D) Henbest, Philip M. (2)

(A) Cohen, Richard S. (1-2)

(D) Laubach, Sherri J. (2)

(D) Oppenheim, Walter H. (1-2)

(A) Murphy, David M. (2)

(D) Potts, William E. (2)

DISTRICT IX - 43 DELEGATES

DENVER - 43 DELEGATES

(D) Anneberg, A. Lee (2)

(A) Casper, Edmund (1)

(A) Goodman, Reid A. (1-2)

(D) Carson, Bonita (2)

(D) Carson, Stanley (2)

(A) Jacobs, Alexander (1-2)

(D) Campbell, William A., III (1-2)

(A) White, Madeline J. (2)

(D) Eckhoff, Donald G. (1-2)

(A) Bakemeier, Richard F. (2)

*(A) Kandel, George E. (2)

(D) Foust, Glenn T., III (1-2)

(A) Wright, Richard A. (2)

(A) Kenzie, Jeannie J. (1-2)

(A) Woodard, W. Donald (2)

(D) Holt, Steve A. (2)

*(A) Nelson, Nancy E. (1-2)

(A) Mueller, John F. (1)

(A) Major, Francis J. (2)

(D) McCartney, Robert (1-2)

(A) Germer, Nancy J. (1-2)

(D) Parsons, Donald (1-2)

(D) Peck, Mordant E. (2)

(D) Reed, Barbara R.	(2)	None Present
(D) Rhodes, Edward A.	(1-2)	COLORADO ACADEMY OF FAMILY PHYSICIANS - 1
(D) Safford, H. R.	(1-2)	DELEGATE
(D) Victoroff, Michael S.	(1-2)	None Present
(D) Walker, Louise C.	(1-2)	COLORADO CHAPTER AMERICAN COLLEGE OF
(A) Barmatz, Hirsch E.	(1-2)	PHYSICIANS - 1 DELEGATE
(D) Butterfield, L. Joseph	(1-2)	None Present
(D) Charles, David M.	(2)	COLORADO SOCIETY OF INTERNAL MEDICINE - 1
(A) McFee, John G.	(2)	DELEGATE
(A) Hutchison, David E.	(1-2)	None Present
(D) Karel, James L.	(1-2)	ROCKY MOUNTAIN GASTROENTROLOGIC SOCIETY
(D) Livingston, Wallace H.	(1-2)	- 1 DELEGATE
(D) Sawyer, Robert B.	(1-2)	None Present
(D) Schemmel, Janet E.	(1-2)	COLORADO ORTHOPÆDIC SOCIETY - 1 DELEGATE
(D) Sides, Leroy J.	(1-12)	(A) Barnard, Michael D. (1-2)
DISTRICT X - 18 DELEGATES		COLORADO SOCIETY OF ANESTHESIOLOGISTS - 1
EL PASO - 18 DELEGATES		DELEGATE
(D) Cooper, Jack	(2)	None Present
(A) Griffith, Dillard R.	(2)	COLORADO CHAPTER AMERICAN COLLEGE OF
*(A) Nicks, Frank I.	(2)	SURGEONS - 1 DELEGATE
(D) Lewis, Ted T.	(1-2)	None Present
(A) Luebbert, Steven J.	(2)	COLORADO CHAPTER—AMERICAN COLLEGE OF
(A) Mitchell, Orderia F.	(2)	EMERGENCY PHYSICIANS - 1 DELEGATE
(A) Lloyd, William E.	(1-2)	(D) Phelps, Dwight S. (2)
(D) Nielsen, Peter G.	(1-2)	COLORADO RESIDENT PHYSICIAN SECTION - 1
(D) Spaulding, Duane R.	(1-2)	DELEGATE
(D) Bengfort, John L.	(2)	None Present
(D) Brusenhan, J. Richard	(1-2)	COLORADO GYNECOLOGICAL AND OBSTETRICAL
(A) Zinn, Charles J.	(2)	SOCIETY - 1 DELEGATE
(D) Crawford, Lewis A.	(1-2)	(D) Thorne, John (2)
*(A) Cunningham, Leon D.	(2)	COLORADO YOUNG PHYSICIAN SECTION - 1 DEL-
(A) Feldman, Laura L.	(2)	EGATE
(D) Muth, John B.	(2)	(D) Schneider, Dieter W. (1-2)
(A) Rubinow, Sidney D.	(1-2)	COLORADO MEDICAL STUDENT SECTION - 1 DEL-
(A) Pollard, Joseph S.	(1-2)	EGATE
DISTRICT XI - 10 DELEGATES		(D) Olsen, Eric B. (1-2)
LARIMER - 10 DELEGATES		COLORADO OPHTHALMOLOGICAL SOCIETY - 1 DEL-
(D) Allen, Thomas J.	(2)	EGATE
(D) Giansiracusa, Richard	(2)	None Present
(D) Hammond, Richard O.	(1-2)	COLORADO PSYCHIATRIC SOCIETY - 1 DELEGATE
(D) Sands, Arthur	(2)	None Present
(D) Chase, Jerry A.	(1-2)	WOMEN IN MEDICINE SECTION - 1 DELEGATE
(D) Danforth, James C.	(1-2)	(D) Christiansen, Elinor T. (1-2)
(D) Kaiser, Dale C.	(1-2)	COLORADO CHILD & ADOLESCENT PSYCHIATRY
DISTRICT XII - 6 DELEGATES		SOCIETY
MESA - 6 DELEGATES		None Present
(D) Golter, Lee B.	(1-2)	COLORADO NEUROSURGICAL SOCIETY
*(A) Shanks, W. George	(1-2)	None Present
(A) Doran, John	(1-2)	COLORADO OTOLARYNGOLOGY & MAXILLOFA-
(D) Jones, Paul B.	(2)	CIAL SOCIETY
(D) Hanna, Robert	(1-2)	None Present
(D) Sadler, Theodore R., Jr.	(1-2)	COLORADO DERMATOLOGIC SOCIETY
DISTRICT XIII - 9 DELEGATES		None Present
PUEBLO - 9 DELEGATES		ROCKY MOUNTAIN ACADEMY OF OCCUPATIONAL
(D) Fowler, James B.	(2)	MEDICINE
(D) Lawrence, Richard A.	(1)	None Present
(D) Schultz, R.J. Black	(2)	COLORADO SOCIETY OF CLINICAL PATHOLOGISTS
*(A) Laman, Muryl L.	(1-2)	None Present
(D) McCaffrey, Paul	(1-2)	COLORADO RADIOLOGICAL SOCIETY
(D) Osborn, Mark	(2)	None Present
DISTRICT XIV - 8 DELEGATES		COLORADO SOCIETY DERMATOLOGICAL SURGERY
WELD - 8 DELEGATES		None Present
*(A) Quinn, Richert E. Jr.	(2)	COLORADO ALLERGY SOCIETY
(D) Cash, Robert L.	(2)	None Present
*(A) Yoder, Franklin D.	(1)	
(D) Clark, Ronald D.	(1-2)	(D) Elected Accredited Delegates
(D) Olds, Kenneth M.	(1-2)	(A) Elected Accredited Alternates
MEDICAL STAFF SECTION - 1 DELEGATE		*(A) Substitute Accredited Alternates



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FLORENCE: We need two BC/BE family physicians to work at St. Thomas More Hospital in nearby Cañon City. OB privileges are available but are not required. Practice guarantee and support available for first year. Come join a medical staff comprised of young family physicians and an array of specialists. Please call Gary Mohr, MD, FAFA, (719) 275-1618 or write to: 730 Macon Ave. Cañon City, CO 81212. 1/0790

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DENVER, COLORADO: Full time position available for BC/BE family practitioner or primary care physician in well established family practice group. Requires well rounded office orthopedics, pediatrics, family and sport/physical medicine. Attractive compensation package for long term association. Please contact: John Reid, 899 Logan Street, #505, Denver, CO 80203. (303) 860-8500. 2/0790

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URGENT CARE/PRIMARY CARE practice in need of a full time primary care physician. Opportunity for ownership. Contact Patricia C. Omerford, Box 2819, Avon, CO 81620. (303) 949-5434. 2/0790

ages in medical malpractice cases. The current Kansas statute limits recovery of non-economic damages in all personal injury cases to \$250,000. In Virginia, where the cap is \$750,000 for all economic and non-economic damages, the court applied the limitation to a birth trauma case. The court held that both the mother and child could recover the statutory limit for their compensatory damage claims. The father's claim for emotional distress and the parents' claim for medical expenses were derivative of their child's claim, and fell within the child's statutory cap which was exhausted. Because the caps for both mother and child were exhausted by the compensatory awards, the punitive damage awards were extinguished.

Physician's Right to Licensing Information

An Ohio physician may sue the Nevada Board of Medical Examiners for a civil rights violation (42 USC 1983), for failing to respond to a request by the Ohio BME for verification that the physician was licensed in good standing in Nevada. "The property comprising a professional license includes not only the right to practice the profession but the right to obtain verification of the existence of the right."

NOTICE

Colorado Medical Society Continues the Long Tradition of Presenting the A. H. Robins Award for Outstanding Community Service by a Physician. Look Inside for Call for Nominations. Please Note the Nomination Deadline of August 13, 1990.

Submit nominations

In writing to:

CMS Confidential Awards Committee, PO Box 17550, Denver, CO 80217-0550

Colorado Medical Society provides the following listings of events as a member service only. Some events are approved for Continuing Medical Education credits. Information is provided by the sponsoring organizations. For more details, use the telephone contact at the end of the listing.

Scott & White/Texas A&M

9th Annual Internal Medicine Review for the Primary Care Physician

S. Padre Island, TX

August 5-10, 1990

Office of CME (817) 774-2350

American College of Physician Executives

Physician In Management I & II

Toronto, Ontario

August 6-10, 1990

ACPE, (813) 287-2000

Sharp Memorial Hospital/San Diego Chapter, ACS

Sharp Surgical Review Course

San Diego, CA

August 8-11, 1990

CME Dept. (619) 541-4530

The Denver STD Prevention and Training Center

HIV Practicum for Public Health Workers and STD

Clinicians

Denver Public Health Dept

August 20, 1990

Teri Anderson (303) 893-7191

The Denver STD Prevention and Training Center

HIV Clinician's Update

University of Colorado/Denison Auditorium

September 7,8, 1990

Teri Anderson (303) 893-7191

The Oxford Institute Network of Care

Addictions Conference

Hilton Head Island, SC

September 8-11, 1990

Virginia Blegun, (313) 628-0500

American College of Physician Executives

Physician In Management I & II

Newport Beach, CA

September 10-14, 1990

ACPE, (813) 287-2000

CMS Med Fax

American College of Physician Executives
Chiefs of Service/Department Chair Program
Newport Beach, CA

September 10-14, 1990

ACPE, (813) 287-2000

American College of Physician Executives
Career Options

Newport Beach, CA

September 15, 1990

ACPE, (813) 287-2000

Colorado Safety Association

Rocky Mountain Health & Safety Conference

John Q. Hammons Convention Center, Denver

September 26-28, 1990

Melodye Turek, (303) 297-2111

American College of Physician Executives
Physician in Transition

Topeka, KS

October 7-12, 1990

ACPE, (813) 287-2000

Denver Disease Council

STD Clinicians' Update

University of Colorado/Denison Auditorium

October 12, 13, 1990

Teri Anderson (303) 893-7191

American College of Physician Executives
Physician in Management I & II

Nashville, TN

October 15-19, 1990

ACPE, (813) 287-2000

American College of Physician Executives
Career Options

Chicago, IL

October 20, 1990

ACPE, (813) 287-2000

American College of Utilization Review Physicians
Establishing Clinical Practice Standards in the 90's—A
Measurement Monitoring in Quality Outcome

San Francisco

October 26-28, 1990

Janelle Miller, RN, BSN (813) 497-3340

American College of Physician Executives
National Institute on Health Care Leadership & Man-

agement

Hilton Head Island, SC

November 13-16, 1990

ACPE, (813) 287-2000

The Denver STD Prevention and Training Center
HIV Practicum for Public Health Workers and STD
Clinicians

Denver Public Health Dept

November 26, 1990

Teri Anderson (303) 893-7191

American College of Physician Executives
Physician in Management I

Sarasota, FL

December 3-7, 1990

ACPE, (813) 287-2000

American College of Physician Executives
Chiefs of Service/Department Chair Program

Sarasota, FL

December 3-7, 1990

ACPE, (813) 287-2000

American Academy of Pain Medicine

Annual Refresher Course in Practical Pain Manage-
ment

Miami Beach FL

January 17, 1991

(312) 645-0083

American Academy of Pain Medicine

7th Annual Conference

Miami Beach FL

January 18, 19, 1991

Peter R. Wilson, MD (507) 284-8312

Johns Hopkins University School of Medicine

32nd Annual Postgraduate Institute for Pathologists in
Clinical Cytopathology

Home Study & Baltimore MD

February-April, 1991

John K. Frost, MD (301) 955-8594

**National Jewish Center for Immunology and Respi-
ratory Medicine**

3rd International Conference on Pulmonary Rehabilita-
tion and Home Mechanical Ventilation

Denver Hyatt

March 10-13, 1991

Adele Gelfand (303) 398-1359



Colorado Medical Society

August, 1990

Volume 87, Number 8

In this issue: Mile High News



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YOU NEED TO BE IN KEYSTONE IN SEPTEMBER

In 1871, sixteen physicians took time out from delivering babies and fighting cholera to found the Colorado Medical Society. Back then Keystone was a working cattle ranch. Today, busy physicians continue to work for better health care...and the flavor and charm of Keystone's past are subtly blended into what is now a premier year-round resort and conference center.

Today, you work under the pressures of questions concerning medico-legal issues, access to health care and physician performance that were undreamed of in 1871.

You're concerned...and you should be. Colorado Medical Society is still there for you with help on these pressing questions and more.

Join other members of the CMS September 14-16 for the 120th Annual Meeting. See Page 223 and following for details.



KEYSTONE CONFERENCE CENTER

Keystone Resort, Colorado

The thrill is gone!

The Twister, Elitch Gardens, Denver, Colorado



K. Mason Howard, M.D.
Chairman & Chief Executive Officer

Roller coaster rides are a thrill a second. They're supposed to be. Your malpractice insurance is not!

In the 80's, you might recall, malpractice insurance was the roller coaster ride. Copic was formed during those tough years to see if we could level the track. Formed *for Colorado physicians by Colorado physicians* . . . because when it came time to respond to the thrill, the insurers that had jumped on for the ride . . . jumped off when you needed them.

Well, we stayed. And, when you need us, there's direct contact with our people . . . no middlemen, no agents, no brokers . . . direct contact with **us**, whatever your ups or downs. We've got the Colorado experience.

We're pretty cautious.

Kind of conservative.

We think we're right for you and that's why we say "Copic is confidence".

Looking into the 90's, we know you're going to face other roller coaster rides: with your practice, your contracts, your hospital, your family. It would be reckless of you to **buy a ticket** for another malpractice insurance ride.

The thrill is gone . . . for good!



CMS Med Fax[®]

AT PRESS TIME...

...a compilation of medically-related news briefs of immediate interest to the physician community occurring after **COLORADO MEDICINE** has gone to press.

CMS Med Fax[®]

by **Montgomery Little Young Campbell and McGrew, P.C.**

legal counsel to the Colorado Medical Society

"Doctors of the Old West"

The "Old West" setting will match the topic for a speech by Dr. Charles Scoggin at the CMS General Membership Meeting in Keystone September 14.

The wide ranging interests of Charles Scoggin, MD will give him ample material for his presentation to the general membership session of the 120th Annual Meeting of the Colorado Medical Society at Keystone, Colorado. The session, to be held at 9:30 a.m., Friday, September 14, 1990, is part of an Annual Meeting which already features some stellar material. Please refer to pages 223-230 inside for more information.

Dr. Scoggin is President of *Somatogenetics International*, a Broomfield firm which is developing artificial blood through recombinant DNA research and genetic engineering. He graduated from the University of Colorado Health Sciences Center and served his residency at Duke University. He was Professor of Pulmonology there from 1974 to 1987 and was the "token Republican" at the Eleanor Roosevelt Institute from 1978 to 1987. Dr. Scoggin was also on staff at the Webb-Waring Lung Institute from 1985-1987.

Despite his impressive credentials in medicine and medical technology, Dr. Scoggin's interests are not limited to the medical field. He spent some time as a team roper as well, until one day his hand was caught between the rope and the horse and he was left with more time to pursue his other interests.

It may be those experiences on the rodeo circuit that gave Dr. Scoggin some of the material, or at least some of the inclinations to research material for his speech to the membership of the Colorado Medical Society. His topic will be "Doctors of the Old West". Some members may feel they've been around Colorado long enough to qualify, but it is a safe bet that all will find something of interest in this presentation. The general membership meeting is scheduled for 9:30 a.m., Friday, September 14, 1990. Many other events and programs are scheduled for Friday through Sunday at Keystone.

Read the enclosed special Annual Meeting Insert carefully, then turn to page 229 for the registration form. Fill it out and mail it in quickly so that we can reserve your place at the CMS Annual Meeting. Renew old friendships and meet new people, September 14-16, 1990.

*DOCTOR ON HORSEBACK
BY ALAYERS
1971*

This column is not legal advice, but is for general information only. For help with specific problems, readers should consult an attorney.

*by Karen B. Best, Esq., an associate with the firm of
Montgomery Little Young Campbell & McGrew, PC.*

Hospitals and Long Term Care Facilities Can Sue States Over Medicaid Rates

According to the Boren Amendment, states are permitted to adopt their own Medicaid reimbursement rates, so long as the rates are "reasonable and adequate to meet the costs which must be incurred by efficiently and economically operated facilities." A recent landmark decision of the United States Supreme Court conclusively establishes the right of hospitals and long term care facilities to challenge the reasonableness and adequacy of a state's payment methodology by filing an action in Federal Court. Thirty seven states aligned with Virginia in opposing the right of private action by health care facilities, warning that allowing such lawsuits could expose the states to hundreds of millions of dollars in liability. The current administration joined in cautioning that this decision could "vastly increase" the cost of Medicaid for both state and federal governments. The Court, in a 5-4 decision, ruled nonetheless that the right is protected by Section 1983, the statute which provides a means by which to protect civil rights. *Wilder v. Virginia Hospital Association.*

Anti Dumping Law Revisions (OBRA 1989) Now in Effect

On July 1, 1990, revisions to the COBRA of 1985 law prohibiting patient dumping took effect. COBRA and OBRA apply to emergency medical patients and pregnant women having contractions, when there is not adequate time to transfer her prior to delivery without threatening her health and safety or that of her unborn child, who present at Medicare certified hospitals.

Newly enacted provisions prohibit Medicare certified hospitals from delaying a medical screening examination or further treatment of these patients while checking the patient's ability to pay. The hospital must provide treatment within its capacity which minimizes the risk to the patient and any unborn child.

The amendments allow transfer at the patient's request only after the patient has been informed of the hospital's COBRA obligations and of the risk of transfer. Requests for transfer must be in writing. A physician must make the transfer decision, either in person or in consultation with a qualified non-physician.

OBRA expands the information available to transferee facilities to include the identity of any on call physician who failed or refused to appear within a reasonable time to provide necessary stabilizing treatment. On call physicians may now be exposed to liability for failure to provide requested services within a reasonable time. Records of patient transfers and on call physicians available must be kept for five years.

Hospitals are prohibited from penalizing physicians who refuse to authorize transfer when the patient has not been stabilized. OBRA 1989 specifies that, with limited exceptions, a pregnant woman having contractions can only be "stabilized" by actual delivery, including delivery of the placenta.

Hospitals are required to post a conspicuous notice in the emergency room spelling out patients' civil rights to emergency treatment. Penalties include civil fine up to \$50,000 and exclusion from the Medicare program.

The Right To Die

The United States Supreme Court recently ruled that a Missouri state statute, requiring clear and convincing evidence of a patient's wishes before life sustaining treatment can be withdrawn, is not unconstitutional. Nancy Cruzan has been in a persistent vegetative state since an automobile accident in 1983. The State is bearing the cost of her care. Hospital employees refused, without court approval, to honor Cruzan's parents' request to terminate her artificial nutrition and

Continued Inside back cover...



Cover Story

The 1990 Annual Meeting will be held in the sparkling new Keystone Conference Center, Keystone Resort, Colorado. Pages 223-230 highlight the outstanding program which is planned.

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Special Section

120th Annual Meeting & Educational Program

COLORADO MEDICINE (ISSN-0199-7343) is published monthly as the official journal of the Colorado Medical Society, 5575 DTC Parkway, Suite 240, Englewood, CO 80111. Telephone (303) 779-5455. Outside Denver area, call 1-800-654-5653. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P.O. BOX 17550, Denver, CO 80217-0550. Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office. Subscriptions are available for \$30 per year, paid in advance.

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William S. Pierson, Managing Editor, Michael Thompson, Ass't. Managing Editor

STATE OF COLORADO

EXECUTIVE CHAMBERS

136 State Capitol
Denver, Colorado 80203-1792
Phone (303) 866-2471



Roy Romer
Governor

July 24, 1990

John F. Farrington, M.D.
President
Colorado Medical Society
5575 DTC Parkway
Suite #240
Englewood, CO 80111

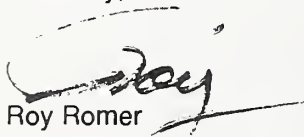
Dear Dr. Farrington:

Thank you for writing me on May 31 and for including your comments on a health care strategy for Colorado. Health care access and cost issues have a tremendous impact upon us as individuals and upon the economy of this state and the entire nation. I have become increasingly impressed with the complexity of the issue through my years as Governor. I recognize the absolute necessity for a cooperative effort between government, commerce and industry, and health care professionals, as you pointed out in your strategy paper. I also recognize the relatively limited control which an individual state can assume over a problem that is national in scope. Nevertheless, I want to join the Colorado Medical Society and other leadership organizations to tackle the parts of the problem which we can reasonably address.

I am pleased to note that Dr. Tash Bernton is working with Joe Donlon, executive director of the Department of Labor and Employment, on an examination of physician participation in the Worker's Compensation Program. You have worked closely for several years with Tom Vernon at the Department of Health on HIV/AIDS and many other issues. You are working with Irene Ibarra of the Department of Social Services on several critical Medicaid issues which relate to the availability of care to Medicaid eligible Coloradans. I also am grateful for our common efforts concerning the Rocky Flats Plant and for your leadership in studying health issues related to that plant.

I want to build on, and continue these cooperative efforts, so that together we can work to assure the highest quality health care is accessible to the greatest number of people. I have asked Tom, Irene and members of my staff to expand on the groundwork which they and others have prepared for consideration in the next four years. We have a great deal of talent in Colorado, in my administration, in our medical community, and I look forward to the opportunity of working with you.

Sincerely,



Roy Romer
Governor

RR:kl



John F. Farrington, MD
President, Colorado Medical Society
1989-1990

I am very pleased to have received a response from Governor Roy Romer and hear of his commitment to developing a health care strategy for Colorado. I am extremely pleased that a dialogue has begun between the public sector and physicians. Now we, the physicians, must keep up our end of the deal. We must strive to find a meeting ground and amicable position between the requirements of quality care and the available public and private resources to provide this care. We must maintain an open mind to change in the health care delivery system, because some change is inevitable. We must not forget that Colorado Medical Society's mission is to *"be the leader in Colorado in advocating excellence in the profession of medicine and in the provision of medical care"*.

What, then, is the next step? Let us first define the major areas of need in fulfilling our mission to the total state population. With the Annual Meeting September 14-16, 1990 at Keystone Conference Center we will begin this definition process in earnest by presenting an outstanding educational program which deals with current issues.

Every aspect of today's medical practice is (or has the imminent potential of being) impacted by some phase of the legal system. The first of four programs on Saturday, September

15th, is **"Medico-Legal Issues: Antitrust, Malpractice, and Contract Negotiations"**, with a stellar panel of experts in all three fields.

The second program that day is **"Access to Health Care: Medically Indigent, Medicaid Reform, and National Health Insurance"**. Again, an excellent panel of experts.

The third program, **"Physician Performance: Colorado Personalized Education Program for Physicians (CPEPP); Peer Review Organizations; Practice Guidelines"**, again deals with vital subject material and will be handled by an extremely well qualified panel.

Yes, these are all major issues and they must be a part of the consideration of any long-term health care strategy. There are many others.

One of these issues is the question of a large portion of the state's population being unserved or under-served. I refer to the health needs of **Colorado's rural population**.

Mark Levine, M.D., Chairman of the CMS Council on Medical Services is bringing together a panel on **"The Concerns of Rural Health Practitioners"** which will also be held on September 15th (see page 224 for details). The panel will include Senator Sally Hopper, one of the state's leading legislative activists for rural Colorado and all Coloradan's health. Senator Hopper represents District 13, which includes all or parts of seven mountain counties. She is chairman of the HEWI Committee, and a member of the

Colorado Commission on Aging, Medically Indigent Committee, the Primary Health Care Task Force. She has served on the Medicaid Task Force and the Long-Term Health Care Interim Committee. Her legislative record of involvement speaks to the heart of the matters we are discussing at our meeting.

As Governor Romer points out, three of the state department heads have been working closely with CMS and physician members. Senator Sally Hopper is certainly to be included in this list of "important" government officials with whom physicians are talking.

Colorado Medical Society's efforts must not stop here. Medicine must have a part in planning for this state's health, both economic and physical. Any success our state's economic development has is contingent upon this long-range strategy. Senator Hopper knows this, and I believe Governor Romer and his cabinet realize the importance of continuing this medical dialogue and strategizing.

You, the member of CMS, are the vital link in defining the rest of the major areas of need in fulfilling our mission. Let Colorado Medical Society's leadership hear from you. Participate! Delegate or not, I urge you **to attend this 120th Annual Meeting**. Colorado Medical Society represents physicians from all of Colorado, and physicians from all of Colorado are needed to participate, for a successful health care strategy.

E ditorial

George O. Thomasson, MD, Chairman
CMS Council on Community Health Issues
Director, Risk Management Program
Copic Insurance Company



You're leaving us with a big job, John Farrington (*Farrington, J. F., President's Letter, Colorado Medicine, 7:176, 1990*) and it's difficult to know where to start in

putting together a healthcare strategy for Colorado. Today, there are so many difficulties in completing our mission of access to healthcare by all

Coloradans while assuring the highest quality. So much attention is given to the plight of the inner city, the growing medical indigency that we seem to bring to bear all of our energies to bear on a single aspect. In creating a statewide healthcare strategy we can't allow ourselves to slip into such a rut. But while I want to speak of (what I consider) a major problem in Colorado health care, I don't want the reader to think I believe this to be the only or the biggest problem. I do want to focus on rural health care which, as Mark Levine, M.D., chairman of the Council on Medical Services says, is in crisis.

We've had a rural health care crisis in Colorado for longer than most physicians can remember. Since the mid-1970s when the first real energy crunch occurred (remember the gasoline shortage), Colorado's rural areas have become more remote. Physicians have been less and less inclined to establish practices in these areas because they were further cut off from the mainstream of medical resources and social amenities.

Today's crisis is worsening because few physicians can be attracted to the lifestyle of rural Colorado. That lifestyle is different from the urban, and herein lies the crux of our problem(s).

"The pay's not much ...but Colorado's a great place to live."

Few people realize how big a difference there is between urban and rural medical practice. It has been shown by extensive studies that the individuals who (by choice or by necessity) live in rural areas are different in their health care needs. They are, by the nature of their occupations and remoteness, more prone to accidental injury; they are less able to attain effective health care education or affordable health insurance. The majority of urban dwellers (who have health insurance) receive such insurance through an employer program. Few of these programs exist in rural areas because there are no such large employers. As a result, the patient is unable to pay a fee for service equal to that charged by the urban physician.

And, as a result, the rural physician is unable to earn an income comparable to his urban peer. Some insurance also makes fee distinctions between urban and rural practices, further limiting the income (or survival) potential of the rural practice.

At one point Colorado's rural health care needs were being partially served by the National Health Service Corps, which placed an average of ten to twelve physicians per year in rural Colorado. Even with their commitment to remain in the state, few if any of these doctors chose to stay in a rural

area of Colorado following their contract service. Today, the Health Service Corps has had such drastic reductions in funding that Colorado may receive only one or two such people in the next two years. If so, will they stay?

With the increasing sophistication of young professionals, seldom can you find a physician spouse able to locate in a rural

area of Colorado for very long. A majority of these people come with their own professional or career goals and find no job satisfaction in rural Colorado. There are few jobs to attract or hold a young couple. Reimbursement for a physician in rural Colorado is such that a working spouse is a necessity if not an absolute requirement.

Former Governor Richard Lamm, (best known for his latter-day criticism of the total health care delivery system) about ten years ago, instituted a relocation program to move state offices to rural areas which were the most economically depressed. Lack of support and opposition to such a move from within the state system killed the program. His office also created the Governor's Office of Rural Health Care which, after trying vainly to create a rural medical economic revival, closed its doors on four years of cost and not much success.

What is the answer? Colorado's rural physicians know there is no total answer from within the medical community. But they have to be willing to work on solutions to the problems of lack of mid-level practitioners and other support mechanisms, poor hospital relations, need for continuing medical

education. There needs to be given increased effort toward a standardization of services in rural Colorado, bringing together the physician, the hospitals and clinics and the emergency medical services under a single regulatory or review agency (Presently, physicians are under the purview of the BME, while paramedics are under Health Department supervision and ambulance services are also supervised by the Colorado Department of Health, but a separate division.) Lifestyles being what they are, much of the answer has to come from outside the medical community. The private sector has to be a major part of the solution.

Colorado's economic development has to supply the incentive to change these rural areas to support the necessary medical services. Medical liability must change dramatically, whether by patient education or by legislative mandate, in order for the physician to practice in rural Colorado. Medical liability has become a major hurdle in

reaching the 40-plus% of Coloradans who live in rural areas. Medical facilities typical of urban practice are so limited in rural Colorado that the increased burden on the remaining urban resources can break the back of the total health care delivery system. Inability of the urban dweller to pay has amassed immense medical bills which, through cost-shifting, are causing hospitals to further limit access to care. This new area of liability has created a playground for attorneys recommending malpractice suits as a means of patients settling the bills ("I can't pay your bill, doctor, so I'm going to sue you.").

The musty, timeworn philosophy "The pay's not much, but Colorado's a great place to live" just can't attract the needed professional any more. Colorado has a multi-tiered health system, with rural care delivery near the bottom. Until we can educate the policymakers, the lawmakers, the educators, the business entrepreneurs to

this multi-level system, there isn't any solution to our crisis. We know the problems; let's quit preaching to the choir; let's be certain that the **right people** know and understand these problems and do something about them.

Ed: Dr. Thomasson has specialized in Family Practice and Public Health, and has spent much of his medical career working for the placement of physicians in rural areas. Since coming to Colorado, Dr. Thomasson has been active in the University of Colorado School of Medicine Family Practice residency program, and the University SEARCH and Preceptor Programs. Today he is a highly-regarded authority in Risk Management Training and is presently the chairman of the CMS Council on Community Health Issues.

Introducing....

Colorado Medical Society leadership has announced the appointment of **Ms. Sandra L. (Sandi) Maloney** as the Executive Director of CMS.

President John F. Farrington, M.D., said "It is a distinct pleasure to see the hard work of the Board of Directors' search committee come to this conclusion. The search committee screened 87 applicants for the position. Sandi Maloney is the first woman executive named to this position since its inception over fifty years ago. We are confident she will serve the physician members of CMS, the health care industry and the public well. Although her job as executive director is principally as chief operating officer of this professional corporation, Sandi will continue to have extensive working relationships with a variety of physician, non-physician and patient groups".

Sandi Maloney has been a member of the CMS staff for five years, serving as

Director of Physician Services and, since 1988, as Assistant Executive Director of the Physician Services Division. During her entire time with CMS, Sandi has been a registered lobbyist.

For the fifteen years prior to joining the CMS staff, Sandi Maloney was employed by Blue Cross and Blue Shield of Colorado in the area of government programs. She served as a member of the Health Care Financing Administration's Technical Assistance Group and was the Project Manager for the implementation of HCFA's Common Procedures Coding System. Her last position with Blue Cross/Blue Shield was as manager of the Medical Policy and Provider Relations Department.

Sandi is a native of rural South Dakota but has made her home in the Denver area for some years. She graduated from Metropolitan State College with a Bachelor of Arts degree

in Business Administration. She, her husband and two sons, now reside in Littleton, Colorado.

One of her first responsibilities with CMS was the creation of the Council on Physician/Patient Advocacy and its committees on physician aspects of third-party payors, workmen's compensation, Medicare, Medicaid, managed health care, senior health issues and the peer review oversight.

CMS leadership, officers and staff welcome Sandi Maloney.

*Sandi Maloney
Executive Director
CMS*





Science Education Promoted in Colorado Springs

Story and photos by Michael P. Thompson



(l to r) Teacher award recipient **Brant Turney**, chats with CMS President **John F. Farrington, MD**, and CMS Young Physician Section Chairman **Dieter W. Schneider, MD**

The sixty-sixth Annual Meeting of the Southwestern and Rocky Mountain Division of the American Association for the Advancement of Science (AAAS) presented several opportunities for the advancement of science education in Colorado.

On Friday, May 18, The AAAS, in conjunction with the Colorado Alliance for Science (CAS) and the Colorado Medical Society (CMS), honored science educators who had demonstrated excellence in their fields. Awards were presented both to educators and students then a long time advocate for science education was honored.

Colorado Medical Society President **John F. Farrington, MD** joined **Dieter W. Schneider, MD**, chairman of the CMS Young Physician Section, in presenting the AMA/CMS Teacher Award for Excellence to Barbara Carter of Colorado Springs, Natalie Gelatt of Hygiene, Christine Larsen of Gilcrest,

Candy Musso of Fowler, K. Charles Rasmussen of Alamosa and Brant Turney of Boulder. Both physicians spoke highly of the dedication, creativity and high qualifications of the award recipients.

The Colorado Medical Society was especially interested in this event as it provided an opportunity to advance the objectives of the *Natural Science Ambassador Program* carried out by the Young Physician Section. This program, begun in Colorado and emulated nationally, seeks to foster an interest in science, science education and ultimately, science careers such as medicine among the school children of Colorado. Participants have gone into schools around the state to speak on areas of expertise, demonstrate techniques and generally promote an interest in science.

Featured speaker for the gathering was **Jim Hubbard** of the Colorado Alliance for Science, on *Business and*

Industry: Partners in Science Education. He spoke of marshalling the resources of business for the betterment of science education and therefore the betterment of the business community. Mr. Hubbard highlighted the cooperative relationship between science and business in improving our world for the benefit of all.

One person who has marshalled many resources for the benefit of Colorado's children over the years was singled out of the audience for special recognition. **H. Calvin Fisher, MD**, on behalf of his colleagues at the Colorado Medical Society, was instrumental in the continuation of the Colorado State Science Fair when, in 1956, it was part of the joint Wyoming/Colorado Science Fair and threatened with extinction. The CMS continues to foster the activities of the state Science Fair today, providing awards to participants and physicians to serve on the board and as judges. Dr. Fisher is also credited with originating the Colorado Health Fair and was given a Distinguished Service Award by that organization and by the Rocky Mountain Cancer Exposition.

Dr. Fisher's career has been marked by many awards and recognitions. He was given the Certificate of Merit by the American Cancer Society for his service on the Board of Directors of the Colorado Division and as President of the Denver Unit. In addition, Dr. Fisher has been honored twice with his state medical society's highest award, the Colorado Medical Society Certificate of Service.

As distinguished as his medical career has been, Dr. Fisher has not limited himself to that area of interest. He served on the Alumni Council of Dartmouth College and was area



H. Calvin Fisher, MD

director for their Admission Council, he founded the Greenwood Acres Improvement Association and even took first prize in classical sculpture at a meeting of the American Medical Association in Atlantic City, among other honors for his art work. The Denver Post of December 4, 1970 quotes him saying "All you have to do is give up playing golf." as he explained the high quality of the sculptures he had contributed to a two person show. The other featured artist was his wife Pat, a prize-winning weaver.

After Dr. Fisher "retired" from a long and distinguished career as a Denver surgeon, he moved to Lake City, Colorado, a town of 205 residents which had never had a physician before. What started as a trial period for the summer stretched into several years of service which were deeply appreciated by the community. Dr. Fisher presently lives in Colorado Springs.



Drs. Fisher and Farrington discuss the issues following the award ceremony

My Daddy

When Daddy signs his name,
he always puts "M.D."
That is so all the people know
that he belongs to me.
For "M.D." means "My Daddy"
or something just the same,
And that is why he puts
those letters on his name.
Some letters in his name are small,
but these are not you see.
He always makes them big like that,
because he's proud of me.

*Author unknown
submitted by Dr. Gerald Kirschenbaum*

Physician Recognition Awards

The following Colorado physicians have been recognized by the American Medical Association for their dedication to the art and science of medicine.

**G. T. Jim Foust
Glenn O. Hewitt
Andre J. Huffmire
Bruce L. Jensen
Dudley H. Kersey
LeRoy H. Stahlgren
Harold C. Whitcomb**

LEGAL UPDATE:

Note: Federal regulators have proposed that seven additional payment practices be made exempt from the Medicare/Medicaid anti-kickback statute. We are reviewing each proposed "safe harbor" here.

SOME CROSS-REFERRALS TO BE ACCEPTABLE

By SUSAN T. SMITH

Physicians and entities would not violate the anti-kickback statute if they referred a patient and obtained an agreement to refer that patient back at a certain time in the future.

This proposed safe harbor respects the relationship between primary care physicians and specialists, but does not extend to payments between parties and "referrals within group practices ..."

Regulators have considered and are seeking comment on a provision that would protect referrals in group practices in which:

- Physician group members provide "substantially the full range" of other routine services through joint use of shared facilities and personnel;
- Physician group members have substantially all services billed through the group and in the name of the group;
- Overhead expenses and income are allocated in a pre-determined, formal manner.

Attorney Susan T. Smith heads the health care administration department at Pryor, Carney and Johnson, P.C., a 40-attorney Denver law firm that offers a full range of services to health care providers including medical malpractice defense, contract negotiations, Medicare/Medicaid, peer review, medical staff issues and personal legal services.

PRYOR, CARNEY AND JOHNSON
ATTORNEYS AND COUNSELORS AT LAW
A PROFESSIONAL CORPORATION

(303) 771-6200

The Telephone: Servant or Tyrant?— You Decide

by George S. Conomikes

"The physician cannot prescribe by letter, he must feel the pulse," said Seneca in the year 65 AD. But he never heard of the telephone.

Phone calls can be bad. Usually there are people with problems at the other end. Some of them can get to you.

One Texas GP told me he had a call in the middle of the night: "Doctor, my little son is feeling bad. Would you mind coming to look at him to see if he is sick enough to require my calling his pediatrician?"

That sure is a smart pediatrician, and a mad GP.

I know a physician, the only one is his rural Alabama town, who took his phones out. "They prevented me from seeing more patients. If anyone is sick, he comes to my office."

There aren't many physicians who can take this attitude, but the most difficult problem you have with the phone is that of properly, efficiently serving your patients.

This starts with the physician. You have to make the decisions as to what your preferences are. Let's list the decisions you have to make:

1. To call back or not to call back.

Recently I did a consulting project for a four doctor ENT group that has been in practice since the 1930's. In all these years no physician has ever called back a patient. Nurses do it.

One nurse a day (they rotate) is the

"The physician cannot prescribe by letter, he must feel the pulse"

Seneca

"call nurse". She handles all phone calls—from patients, pharmacists, hospitals, lawyers (on medical legal matters). She also does new patient medical histories as part of her work day.

The call nurse reviews all patient calls with the appropriate physician.

In examining her job, we suggested that patient calls with medical problems be recorded by the telephone receptionist, and that the patient be asked to wait 5-15 minutes for a return call. The call nurse is then able to have the medical records pulled so that the return call to the patient will be more thorough.

In other practices, physicians like to do their own call backs. They want the phone contact with the patient. Many solo practitioners and two doctor practices that are keeping their back office nurse busy can't afford a call nurse. What should they do?

2. **Cluster the call backs.** You can make eight phone calls in quick sequence faster than you can make five separate calls at different times.

You can also save time if you have your secretary or nurse dial the next call while you are talking with a patient. She asks the next patient to "hold on, the doctor will be right

with you". You know that the blinking light on your button phone is the next patient on "hold".

3. **Call back every 2 hours.** Don't let too many phone messages accumulate to the end of your work day. Do some phoning every 1½ – 2 hours. Break your work pattern with office patients. Then those who are calling don't have to wait as long for your calls.

It would be ideal if your phone receptionist could tell callers: "Dr. Smith will return your call between 10:30 and 11:00. Be sure to keep your phone free."

End of day calls are often too late to help the patient, are fatiguing to the physician and inefficient.

4. **Have patient records.** While you are talking with a patient, you can record complaints, your analysis and medication or other suggested treatment right in the progress notes. You also have the patient information you want in front of you for complete reference.

Don't hang up now! Next month Mr. Conomikes will list 3 more "ways to control the phone" and some practical guidelines for better practice.



Mile High News

1990-1991 Vol. 4, Issue 1

Colorado Medical Society Auxiliary

August, 1990

Kit Manart, Editor

A Message from the President

Dear Members:

Again the leadership of the auxiliary is passed on to the newly elected officers and appointed chairmen. We look forward to "taking our turn" for the coming year.

The first purpose of this auxiliary is to assist the CMS in its program to improve the quality of life through health education and services. During the past few years and most recently, the remark is repeated by board members of CMS... "It's important to have a partnership." The work of the auxiliary through county health projects, AMA-ERF fund raising, efforts on legislative matters is appreciated by the membership of the CMS. We shall continue this partnership and work with the society and staff.



Doris L. Ballinger
1990-1991 CMSA President

"Help Create Success". This is my theme for the coming year. We have three areas in which to create success. We owe ourselves the time, education and experience to be successful as a person approaching the 21st Century. As the spouse of a physician we need to help him/her to have success during these changing times of organized medicine.

I recognize that many physicians' spouses work today, part or full time, many with their own careers. It isn't always the "right time" to accept an office or chairmanship. To create success for the auxiliary, participate by assisting a "one time" project, attend meetings/seminars when possible, support legislative issues, donate to scholarship funds, AMA-ERF, holiday benefits and activities.

There are countless ways we can help the auxiliary be a success. Each member's participation in a large or small way is important. Continue your sparkle of enthusiasm.

Doris Ballinger, President

Our second purpose is to coordinate and advise concerning the activities of the county auxiliaries. Through the years I have become aware of the improvement in communication between the three levels of the auxiliary. Certainly at the national level members return from Confluence and/or annual meetings agreeing that the time has been well spent; an educational experience to hear well qualified speakers and receive new materials for state and county leaders. Project Bank continues to be most helpful. We have had this publication available for the past fifteen years. This new board will work closely with each county auxiliary.

The third purpose of the auxiliary is to support the activities of the American Medical Association Auxiliary. The expenses for the AMA Aux. 1989-90 totaled \$1,493,313. One third is used for headquarter expenses, two thirds is to promote health education and services at the community level, provide resources and services to all members, provide services to the medical profession, and provide the resources and training for auxiliary leaders. Those of us who have been attending national meetings appreciate the work and accomplishments of fifteen paid employees.

Congratulations!

The following county auxiliaries will celebrate special anniversaries this year.

Arapahoe	55 years
Aurora-Adams	30 years
Boulder	50 years
Larimer	60 years
Pueblo	60 years

Our best wishes to each of you. If we reread all the past presidents' reports each county would be most proud of their achievements.

CMSA Calendar

CMSA Fall Meeting
House of Delegates
September 13-16, 1990
Keystone, Colorado
See Schedule on Facing Page
Four Regional Meetings
Fall, 1990
Board Meeting
January, 1991
Legislative Day
February, 1991
Mini-Confluence
March, 1991
CMSA Spring Meeting
April, 1991
CMSA Fall Meeting
September 13-16, 1991
Snowmass, Colorado

National Auxiliary Meetings

Confluence I
October 14-16, 1990
Confluence II
February 3-5, 1991
AMA Auxiliary Convention
June 23-26, 1991

Legislative Summary 1989-1990

On February 8th the CMSA had a very successful Legislative Day. Eleven counties were represented, by 70 Auxiliaries. We hosted 13 Senators and 36 Representatives. Three senators spoke to our group in an informative session on current legislation.

Legislative alerts were in force on 3 occasions. Issues: The authority of the Colorado Department of Health to control HIV infection, establishment comprehensive educational programs and the creation of health care programs for low income and uninsurables.

Capitol Hill Gang days were February 28, March 13 and March 21. On these dates CMSA members met with the CMS Lobbyist for a briefing followed by hearings and interaction with legislators.

On June 23, I gave a presentation overview on the Capitol Hill Gang of Colorado to the AMA Auxiliary House of Delegates in Chicago, IL.

Respectfully submitted,
Diane Duffy Glissmann
CMSA Legislative Chairman

Membership

Success in membership recruitment and retention ensures that our organization will remain strong. This year, we will focus on retention of valued members and recruitment of new members. Make an effort this summer to contact new physicians' spouses as they come into your community. At the time when we are changing our by-laws to be gender neutral, don't forget male members!

Projects and programs on all levels; county, state and national have something for each member of auxiliary. You should have been proud of our organization when **Dr. John Farrington**, CMS President, addressed our spring meeting. He praised auxiliary members for bringing news of medicine into the public arena and helping to prevent disease with our programs and projects, and stressed that CMS-CMSA should continue as "working partners".

At a time when medicine has many problems, join us. Together we can make a difference!

Pam Laman,
Vice President and Membership Chairman



Bring or Send your Contributions to the
AMA-ERF Country Store
Keystone, September 13-16

Artforms
Baked Goods
Crafts
Dolls
Gifts for Children
Holiday Items
Jellies and Jams
Plants

If unable to attend the meetings at Keystone, but would like to contribute money, please send your check to: AMA-ERF c/o Anne Piccone at 2525 S. Adams St., Denver, CO 80210.

Schedule for the Colorado Medical Society Auxiliary September 13-16, 1990 Keystone, Colorado

September 14 (Friday)

CMS Auxiliary Country Store -----9am-5pm
CMS Auxiliary Board of Directors ----- 9am-11:30am
CMSA Compac Joint Luncheon ----- 12noon-1:30pm
CMSA Reference Committees -----2pm-4:30pm
Exhibitor Reception ----- 5:30-7pm

September 15 (Saturday)

CMSA Country Store -----9am-5pm
CMSA House of Delegates -----9am-11:45am
Our Guest Pres. Elect AMA Auxiliary, **Sherry Strebel**
CMSA Friendship Luncheon ----- 12noon-1:30pm
CMSA President, Pres.-elect luncheon 12noon-1:30pm
Afternoon Free For Recreational Activities
Hosted Bar Exhibit Area ----- 5pm-6pm
Inauguration of CMS President ----- 6pm-7pm
CMS/CMSA Presidents' Reception ----- 7pm-8:30pm
Copic Dessert Reception ----- 8:30pm-11:30pm

September 16 (Sunday)

CMSA Young Physician Seminar ----- 9am-11am
Physician to the President, White House 1981-85

Registration on Page 229.



Sherry Strebel from Oklahoma City is the AMA Auxiliary Vice President of the Southern Region. She will be our guest at the CMSA Fall Meeting in Keystone and will address the House of Delegates on Saturday, September 15.

AMA-ERF Contributions Top \$2 million

During 1989-90 the AMA Auxiliary total contributions to AMA-ERF were over the \$2 million mark! To the surprise of Jean Hill, AMA Aux. President, there was musical fanfare and clusters of balloons fell from the ceiling at the AMA House of Delegates meeting in Chicago as she presented the check to Lonnie R. Bristow, M.D., President AMA-ERF.

In Colorado there was a 19% increase over last year which brought our total contributions to more than \$20,000. Many thanks to Donna Singer and all county chairmen for a successful year.

Let's continue this enthusiasm. Contributions to AMA-ERF are more than just charitable donations. They are a legacy from one generation of medical professionals to another. Remember that you can designate the particular medical school that will receive your contribution. Each medical school is notified of its AMA-ERF contributors every month.

This fall at the state annual meeting, September 13-16 in Keystone, we will again have the Country Store which is a great opportunity to support AMA-ERF. County Presidents, please remind your members to bring or send items to sell.

*Anne Piccone, AMA-ERF Chairman
Denver 759-4064*

AMA Auxiliary News



Norma Skoglund, AMAA President

Norma Skoglund of Roseburg, Oregon was installed as President of the AMA Aux. at the Annual Session in June. She previously served as AMA Aux. President-elect, Secretary, and Western Region Vice-President, as well as serving in a variety of other elected and appointed positions.

Mrs. Skoglund received a bachelor of arts degree in textiles and design from Baylor University in Waco, Texas. Dr. and Mrs. Skoglund have two children.

Sherry Strebel of Oklahoma City, Oklahoma was installed as President-elect of the AMA Auxiliary.

Mary Hanson of Colorado Springs was installed as AMA Aux. Treasurer. She previously served the AMA Aux. as Western Regional Vice President, Reference Committee Chairman, and Director. Mary was CMSA President in 1984-85.

Sharon Cunningham of Colorado Springs was installed as the AMA Aux. Western Director. During 1989-90, Sharon served as Legislation Committee Member. She was CMSA President in 1988-89.

Congratulations Mary and Sharon!

Ann McLaughlin, Chairman, President's Commission on Airline Security and Terrorism, Former Secretary of Labor

"A View From The White House", **Andrea Mitchell**, Chief Congressional Correspondent, NBC News

"Business Outlook and Money Management", **Terry Savage**, Financial Analyst, CBS TV, Chicago

AMA President, **Alan R. Nelson, M.D.** Discussed Organized Medicines' concerns during the closing session of the House of Delegates.

Diane Duffy Glismann, CMSA President-Elect, at the Sunday morning Breakout Sessions reviewed the successful Colorado Legislative Programs: The Annual CMSA Day at the Capitol and the Capitol Hill Gang.

As of June 27, 1990 the membership of the AMA Auxiliary is at 70,035 members.

Twelve resolutions related to amendments to

Bylaws, Budget, and Health Issues were presented to the House of Delegates. The only resolution defeated, as presented, was related to providing health care for the homeless. Resolution #9 introduced by CMSA regarding Comprehensive School Health Education Programs; K through 12 passed.

Many thanks to all Auxilians who worked and supported legislation at the Capitol during this past year on all health related bills.

1989-90 CMSA President **Catherine Yoder** presented the CMSA report. Mrs. Yoder described an exciting and innovative year. Our 17 county auxiliaries participated in may health projects, including the bone marrow donor program, the "just say no" substance abuse and AIDS programs, teen pregnancy classes, GEMS and Organella classes. They provided hygiene kits for schools and infant seat restraints to new mothers, gave tours through medical centers and raised money for nurse and medical scholarships and loans. We also had fun at Heart Hops, Eastern Bloc parties and New Year Galas while raising funds for AMA-ERF.

Two of our most exciting events, however, involved legislation and the training of our own Auxilians. Despite initial setbacks (such as our surprise when a comprehensive school health bill got labeled a "sex bill" and was killed in appropriations), concern for school age children and determination to see something done ensured passage of an amendment to the school finance legislation which provided for training and other steps toward a comprehensive school health program in Colorado.

Patterned after the successful and informative AMAA Confluences, the first Colorado Medical Society Auxiliary Mini-Confluence was born! We learned time management and human behavior, had an update from the President of the Colorado Medical Society and were briefed on national and state projects. All present asked for a repeat next year.

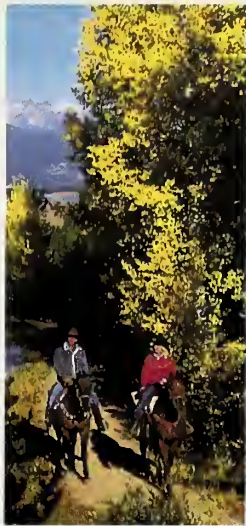


Delegates to AMA Auxiliary Convention

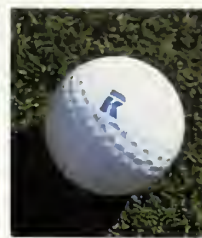
*Sharon Cunningham
Catherine Yoder*

*Mary Hanson
Doris Ballinger*

*Sue Kading
Diane Duffy Glismann*



AM '90—KEYSTONE



Come join us for Educational Programs, tennis, golf and some of the most outstanding exhibits in the 120 year history of the Colorado Medical Society Annual Meeting!

This is my first chance to greet you as Executive Director. Let me say "thank you" to all of you who have been so supportive over the years. We've come a long way in 120 years, but the future will bring a multitude of challenges to organized medicine. I am truly looking forward to working with all of you to meet these challenges.

Our time at the Keystone Resort and Conference Center will prove to be an exciting session. I hope that this will be the first of many Annual Meetings that we can spend together. Time spent at these sessions is enjoyable as we renew old friendships and meet new people. However, it is a critical time for organized medicine as we establish the policies and framework that CMS can use to truly be the advocate of physicians and their patients.

Please take note of the Education Program. We are using the knowledge base that we have within our own membership to address some of the most critical issues facing medicine today. These issues vary from medico-legal matters to concerns about rural health. These programs cannot provide all the answers to the problems. The programs do provide an ideal forum through which organized medicine can gather information and begin to formulate solutions.

With your busy schedules I know it can be difficult to attend meetings. However, in order for the Colorado Medical Society to accurately reflect the views of its membership, your input is needed. Look inside for details and *register now*.



Hope to see you at Keystone!

Sandi

Sandra L. (Sandi) Maloney
Executive Director, CMS



AM '90—KEYSTONE

Rural Health in Colorado



*Mark Levine, MD, Chairman
CMS Council on Medical Service*

Rural health in Colorado is in crisis. The CMS Council on Medical Service has been aware of this fact and has made rural health issues our major concern for the past year.

The concerns of rural health practitioners will be addressed by a panel during the Annual Meeting of the Colorado Medical Society on Saturday, September 15 at the Keystone Conference Center, Keystone Resort, from 11:45 a.m. to 1:30 p.m. . We hope to address the continuing concerns of the rural health practitioner at that time.

We are pleased to have participating on the panel

- **Eugene Jacobson, M.D.**, Professor of Medicine, Department of Gastroenterology, University of Colorado School of Medicine
- **Mary Jean Berg, M.D.**, Family Practice, Ordway, Colorado
- **William Fogarty, M.D.**, Jackson, Wyoming, member of the AMA Council on Medical Service, who has been actively involved in rural health concerns, nationwide.
- **Colorado State Senator Sally Hopper (R)**, Dist. 13 (Boulder, Clear Creek, Eagle, Gilpin, Jefferson, Pitkin & Summit Counties), of the Health, Environment, Welfare & Institutions Committee
- **Mark Levine, M.D.**, Internal Medicine, Englewood, CO, moderator

There is no question that rural health care in Colorado has been a major concern to the leadership and members of Colorado Medical Society for many years. CMS was instrumental in the 1960s and 1970s in placement services by 1) aiding the University of Colorado in establishing a family practice residency program at the Colorado State Hospital in Pueblo; 2) establishing the Governor's Office of Rural Health Care; 3) developing a CMS-operated physician placement service to help locate doctors in rural areas. The Governor's Office of Rural Health Care was phased out

during the early 1980s because of the "rush" of physicians to Colorado during the energy boom days. As the economy weakened from 1983 forward, Colorado's rural areas became even more remote than before. CMS re-instituted the program to aid physician placement in rural areas, encouraging out-of-state physicians to seek practice opportunities in our rural areas. With the onset of an increasing medically indigent population and lessening of Medicaid eligibility, Colorado's rural health care reflected the increased frustrations of the physicians with a burgeoning patient caseload, inadequate physician reimbursement and no practice relief in sight. Despite this Council's efforts to assist, the problem is still of crisis proportions.

The Mini-Internship Program focuses on rural health care. Colorado Medical Society's involvement in rural health care has most recently included using the Mini Internship Program to demonstrate to state legislators and policy makers the constraints of delivering health care in a rural setting. This is an ongoing program.

The Council has been working actively with the University of Colorado Health Sciences Center concerning programs to evaluate barriers to health care in rural areas and how they impinge on the quality of medical care.

We have actively encouraged the evolution of programs to interest young medical students in rural health care settings on a continuing basis. The role of allied health professionals as physician extenders in rural areas is a topic of ongoing concern to the Council.

The Colorado Medical Society feels a great need to hear from the rural practitioners as to how it can best be of service to ensure the continuing delivery of quality health care in rural areas of our state.

This panel at the Annual Meeting is designed to provide interaction and audience participation. **We urge your attendance and welcome your input.**

AM '90—KEYSTONE



**Colorado Medical Society—Colorado Medical Society Auxiliary
1990 Annual Meeting
Keystone, Colorado—September 13-17, 1990
Schedule**

FRIDAY, SEPTEMBER 14

7:00 a.m.—5:00 p.m.	Registration	Main Lobby
7:30 a.m.—8:30 a.m.	Reference Committee Breakfast	Castle Peak II
8:00 a.m.—12:00 noon	Exhibits Open	Colorado Rockies Ballroom*
8:30 a.m.—9:00 a.m.	Credentials Committee	Castle Peak III
9:00 a.m.—9:30 a.m.	Opening Session of House of Delegates	Colorado Rockies Ballroom*
9:00 a.m.—5:00 p.m.	CMS Auxiliary Country Store	Main Lobby
9:00 a.m.—11:30 a.m.	CMS Auxiliary Board of Directors	Keystone Lodge— Sundrift/Sunburst
9:30 a.m.—11:45 a.m.	General Membership Meeting	Colorado Rockies Ballroom*
10:00 a.m.—10:30 a.m.	Coffee Break in Exhibit area	Colorado Rockies Ballroom*
12:00 noon—1:30 p.m.	COMPAC & CMSA Luncheon Luncheon Speaker, Dr. Joel Levine <i>Physician's View of National Health Care Politics</i>	Keystone Lodge—Divide
12:00 noon—1:30 p.m.	CMS Young Physicians Section Luncheon Speaker, Edie Register, CMS Director, Health Care Financing <i>How to Work Through Medicare</i>	
1:30 p.m.—7:00 p.m.	Exhibits Open	Colorado Rockies Ballroom*
1:30 p.m.—3:30 p.m.	Reference Committee	Castle Peak I
1:30 p.m.—3:30 p.m.	Reference Committee	Castle Peak II
1:30 p.m.—3:30 p.m.	Reference Committee	Castle Peak III
	OPIC Risk Management Seminars	Crestone Peak II, III
1:30 p.m.—2:30 p.m.	General Surgery/Emergency Room	Dr. Robert Brittain
2:30 p.m.—3:30 p.m.	Orthopedic/Other Surgery	Dr. Robert Brittain
1:30 p.m.—2:30 p.m.	Pediatrics/Obstetrics	Dr. George Thomasson
2:30 p.m.—3:30 p.m.	Internal Medicine & related subspecialties	Dr. George Thomasson
2:00 p.m.—4:30 p.m.	CMS Auxiliary Reference Committees	Keystone Lodge— Sundrift/Sunburst
3:30 p.m.—5:30 p.m.	Reference Committee	Castle Peak I
3:30 p.m.—5:30 p.m.	Reference Committee	Castle Peak II
3:30 p.m.—5:30 p.m.	Reference Committee	Castle Peak III
5:30 p.m.—7:00 p.m.	Exhibitor Reception	Colorado Rockies Ballroom*
6:30 p.m.—9:00 p.m.	Colorado Society for Internal Medicine	Castle Peak II
7:30 p.m.—9:30 p.m.	Hospital Medical Staff Section (Note: Business Meeting Only)	Crestone Peak I



AM '90—KEYSTONE

SATURDAY, SEPTEMBER 15

7:00 a.m.—5:00 p.m.	Registration	Main Lobby
7:00 a.m.—8:30 a.m.	Prayer Breakfast	Keystone Lodge— Sundrift/Sunburst Colorado Rockies Ballroom*
8:00 a.m.—12:00 noon	Exhibits Open	
8:30 a.m.—11:30 a.m.	Educational Programs* Medico-Legal Issues Access to Health Care Physician Performance	Crestone Peak I, II, III Crestone Peak I, II, III Crestone Peak I, II, III
10:10 a.m.—10:35 a.m.	Coffee Break in Exhibit Area	Colorado Rockies Ballroom*
9:00 a.m.—11:45 a.m.	CMSA House of Delegates	Keystone Lodge— Arapahoe Room Red Cloud Peak Castle Peak I Castle Peak II
11:45 a.m.—1:30 p.m.	Ellen Mangione, MD— <i>Rocky Flats</i>	
11:45 a.m.—1:30 p.m.	Participatory Panel— <i>Rural Health Care</i>	
12:00 noon—1:30 p.m.	CMS Auxiliary Friendship Luncheon	
12:00 noon—1:30 p.m.	CMS Auxiliary President/ President-Elect Luncheon	Castle Peak III
1:30 p.m.	Recreational Activities, including Physician/Exhibitor Golf Tournament	
4:00 p.m.—5:00 p.m.	Exhibits Open	Colorado Rockies Ballroom*
5:00 p.m.—6:00 p.m.	Hosted Bar in Exhibit Area	Colorado Rockies Ballroom*
6:00 p.m.—7:00 p.m.	Inauguration of CMS President	Colorado Rockies Ballroom*
7:00 p.m.—8:30 p.m.	President's Inaugural Buffet	Colorado Rockies Ballroom*
8:30 p.m.—11:30 p.m.	Copic Dessert Reception	Rooftop Terrace

SUNDAY, SEPTEMBER 16

7:00 a.m.—12:00 noon	Registration	Main Lobby
7:00 a.m.—8:30 a.m.	Component Caucuses	
8:30 a.m.—12:00 noon	Closing Session of House of Delegates	Colorado Rockies Ballroom*
9:00 a.m.—11:30 a.m.	CMS Auxiliary/Young Physician Section Continental Breakfast Dr. Daniel Ruge	Keystone Lodge—Divide
12:30 p.m.—2:00 p.m.	Past President's Luncheon	Castle Peak II

*Note: The Colorado Rockies Ballroom is divided into several sections. Torreys Peak I-IV and Shavano Peak on the Northwest side will be the exhibit area. Red Cloud Peak and Crestone Peak I-IV on the Southeast side will be used for meetings including the House of Delegates sessions when they will be combined into one large room. See the Registration form and Educational Program page for details on the Educational Sessions.

AM '90—KEYSTONE



Keystone Resort Registration Request Form

for

Colorado Medical Society

Annual Meeting

September 13-16, 1990

Group Code DK2MED

Complete this form and mail with deposit to: Keystone Reservations, P.O. Box 38, Keystone, CO 80435

Conference space is limited and available on a first come-first served basis. Please indicate your first and second preferences for accommodations.

KEYSTONE LODGE—European Plan, no meals included:

- ☐ One person in room\$94 per night
- ☐ Two persons in room\$104 per night*

KEYSTONE GOLD CONDOMINIUMS—European Plan, no meals included:

- ☐ Studio\$115 per night
- ☐ 1 Bedroom/1 Bath/2 people\$136 per night*
- ☐ 2 bedroom/2 Bath/4 people\$210 per night

A 4.7% local surcharge, in addition to applicable state and local taxes, will be added to your bill. Additional persons in the room or unit are \$12.00 per person, per night.

* I will be rooming with _____

RESERVATION REQUEST FORM AND DEPOSIT OF ONE NIGHT'S LODGING IS DUE BY AUGUST 13, 1990 FOR CONFIRMATION. Reservations received later will be confirmed on a space available basis. Make checks payable to Keystone Reservations. American Express, VISA and MasterCard may be used to guarantee a reservation at which time the first night's deposit will be charged to your credit card.

ARRIVAL DATE: _____ DEPARTURE DATE: _____
NAME: _____ CREDIT CARD#: _____
ADDRESS: _____ EXPIRATION DATE: _____
CITY, STATE, ZIP _____ SPOUSE: _____
TELEPHONE: (_____) _____

1. Check out time is 11:00 a.m., so check-in is not guaranteed before 4:00 p.m. Condominiums require a minimum two night stay.
2. Roommates are the responsibility of each individual. If one person cancels, the other(s) will be charged the FULL SINGLE RATE at Keystone Lodge and the MINIMUM UNIT RATE in the condominium.
3. Deposits are refundable if cancellation is received 30 days prior to arrival, but subject to penalty or forfeiture if cancelled less than 30 days prior to arrival.
4. No shows will be charged for the entire reserved stay, as will late arrivals and early departures.
5. Above rates apply for early arrivals and late departures.
6. Guests at Keystone may be reached ONLY at (303) 468-2316. Should you require assistance with reservations, write or call our Reservations Office at the following numbers:

	Lodge	Condominium
Denver Metro:	534-4806	534-7712
Colorado and National:	800/541-0346	800/222-0188

7. PETS ARE NOT ALLOWED IN THE HOTEL OR CONDOMINIUM.

8. Individual accounts for lodging and other incidental charges must be settled prior to departure from Keystone.
9. All rates are net, plus tax, unless otherwise confirmed.



AM '90—KEYSTONE

Educational Program—September 15, 1990

Colorado Medical Society
at the
Annual Meeting of the House of Delegates
Keystone Resort and Conference Center

The Colorado Medical Society Educational Program Committee is proud to present the following program and guest faculty addressing subjects of timely importance to our members. This program will be presented at the Keystone Conference Center during the annual meeting of the CMS House of Delegates, but the educational program is certainly not limited to annual meeting delegates. Members of CMS are urged to attend all or any part of this program, since all subject material is of such immediate physician concern.

Saturday, September 15, 1990

A. Medico Legal Issues - David Martz, M.D., Moderator
• Antitrust

Kevin J. Kuhn, Esq.
Montgomery Little Young
Campbell & McGrew
George O. Thomasson, M.D.
John F. Farrington, M.D.

- Malpractice
- Contract Negotiations

B. Access to Healthcare - Robert McCartney, M.D., Moderator
• Medically Indigent
• Medicaid Reform
• National Health Insurance

Donald Parsons, M.D.
Anthony Makowski, M.D.
Robert McCartney, M.D.

C. Physician Performance - Jack Mueller, M.D., Moderator
• Colorado Personalized Education Program for Physicians (CPEPP)
• Peer Review Organization
• Practice Guidelines

Patrick Moran, M.D.
Robert Faraci, M.D.
Boyd Bigelow, M.D.

Attendees may select one session from each time period

8:30 - 9:20 a.m.

Antitrust
Medically Indigent
CPEPP

9:20 - 10:10 a.m.

Malpractice
Medicaid Reform
Peer Review Organization

10:10 - 10:40 a.m.

Break

10:40 - 11:30 a.m.

Contract Negotiation
National Health Insurance
Practice Guidelines

11:45 a.m. - 1:30 p.m.

Brown bag lunch: "Rocky Flats: A Health Hazard for Colorado - Fact or Fission?"
Ellen Mangione, M.D., Assistant Director, Colorado Department of Health

11:45 a.m. - 1:30 p.m.

Brown bag lunch: Participatory panel: "Rural Health Concerns for Colorado"
Moderated by Mark Levine, M.D., Chairman, CMS Council on Medical Service

AM '90—KEYSTONE



REGISTRATION FORM

120th Annual Meeting of the Colorado Medical Society September 13-16, 1990 Keystone Resort, Keystone Colorado

Name _____ Address _____
City _____ State _____ Zip _____ Office Phone _____

STATUS

- | | | | |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> Delegate | <input type="checkbox"/> CMS Member | <input type="checkbox"/> Component Society President | <input type="checkbox"/> Hospital Medical Staff Section |
| <input type="checkbox"/> Alternate | <input type="checkbox"/> Non-Member | <input type="checkbox"/> Specialty Society Representative | <input type="checkbox"/> Student Component |
| <input type="checkbox"/> CMS Officer | <input type="checkbox"/> AMA Delegate | <input type="checkbox"/> CMS Past President | <input type="checkbox"/> Young Physician Section |
| <input type="checkbox"/> CMS Board | <input type="checkbox"/> AMA Alternate | <input type="checkbox"/> Honorary Member | <input type="checkbox"/> Women in Medicine Section |
| \$25 registration fee for non-members | | | <input type="checkbox"/> Other _____ |

AUXILIARY REGISTRATION

Name _____ County _____ Office Held _____

RESERVATIONS FOR EVENTS AND MEETINGS

Reservation deadline is September 1, 1990. Registration may be limited for some programs. Reservations accepted on a first-come first served basis.

FRIDAY, SEPTEMBER 14

•COMPAC/CMSA Luncheon Program/Speaker 12:00 noon	\$15	Number of Reservations _____	Amount Enclosed \$ _____
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SATURDAY, SEPTEMBER 15

•CMS Auxiliary Friendship Luncheon 12:00 noon	\$12	_____	\$ _____
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•CMS Auxiliary President/President-Elect Luncheon 12:00 noon	\$12	_____	\$ _____
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•Physician/Exhibitor Golf Tournament (100 entrants max.) 1:30 p.m.	\$55	_____	\$ _____
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•Round Robin Tennis Tournament (50 entrants max.) 1:30 p.m.	\$20	_____	\$ _____
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SUNDAY, SEPTEMBER 16

•CMS Auxiliary/Young Physician Section Continental Breakfast	\$5	_____	\$ _____
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TOTAL ENCLOSED \$ _____

Please make one check payable to COLORADO MEDICAL SOCIETY and mail reservations to: CMS Annual Meeting, P.O. Box 17550, Denver, CO 80217-0550. For additional information, call (303) 779-5455 or 1-800-654-5653, ext. 416. DEADLINE FOR RESERVATIONS: September 1, 1990 Cancellation Policy: CMS will retain 20% service charge for each cancelled registration after September 1, 1990. No refunds will be disbursed until after the meeting. No refunds after midnight, September 8, 1990. Refund requests must be made in writing.

COMPLIMENTARY EVENTS

Please indicate your attendance so we may properly schedule room space.

FRIDAY, SEPTEMBER 14

•CMS Young Physician Section Luncheon w/ Edie Register 12:00 noon	_____
---	-------

•Exhibitor Reception 5:30 p.m. (please indicate attendance)	_____
---	-------

SATURDAY, SEPTEMBER 15

•Prayer Breakfast 7:00 a.m. (please indicate attendance)	_____
--	-------

•Dessert Reception Courtesy of Copic (please indicate attendance)	_____
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SUNDAY, SEPTEMBER 16

•Past Presidents' Luncheon (please indicate attendance)	_____
---	-------

EDUCATIONAL PROGRAMS

SATURDAY, SEPTEMBER 15

Session I 8:30 a.m. (choose one)

•Medico-Legal Issues—Antitrust	_____
--------------------------------	-------

•Access to Healthcare—Medically Indigent	_____
--	-------

•Physician Performance—CPEPP	_____
------------------------------	-------

Session II 9:20 a.m. (choose one)

•Medico-Legal Issues—Malpractice	_____
----------------------------------	-------

•Access to Healthcare—Medicaid Reform	_____
---------------------------------------	-------

•Physician Performance—Peer Review Organizations	_____
--	-------

Session III 10:40 a.m. (choose one)

•Medico-Legal Issues—Contract Negotiation	_____
---	-------

•Access to Healthcare—National Insurance	_____
--	-------

•Physician Performance—Practice Guidelines	_____
--	-------

•Brown bag luncheon w/ Dr. Ellen Mangione (Rocky Flats) 11:45 a.m.	_____
--	-------

•Brown bag luncheon w/ Participatory Panel (Rural Health Care) 11:45 a.m.	_____
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AM '90—KEYSTONE



1990 ANNUAL MEETING EXHIBITION

This year's meeting has attracted some of the most outstanding commercial exhibitors in the seven year history of exhibitors at our Annual Meeting. We urge you to participate in this important medium of information exchange; visit the exhibits—see what is offered and the caliber of product and service represented by our exhibitors. We depend on them for support of the meeting, and they depend on you. Be sure to visit all of them as a “thank you” for their continuing support and participation.

Abbot Laboratories
BFI Medical Waste Systems
Bibbero Systems - Colorado
Blue Cross Blue Shield
COPIC Insurance Agency
COPIC Insurance Co.
Damon Clinical Laboratories
Durr Fillauer Medical Inc.
The Financial Group - Craig McIlroy
Glaxo Pharmaceuticals
Hospice of Saint John
Institute for Limb Preservation
Keith Proctor - Master Jewelers
Key-Schering Pharmaceuticals
Knoll Pharmaceuticals
Lutheran Medical Center

Marion Merrell Dow Inc.
Medical Accounts Group, Inc.
Mediplex Rehab - Denver
Mega West Systems, Inc.
Poudre Valley Hospital
Rocky Mountain Health Management Corp.
Rocky Mtn. Professional Consultants
Summit Pharmaceutical- CIBA-GEIGY
The Doctors' Company
U.S. Navy Medicine
Versyss
R. Wild & Company, Inc.
Wixco Services, Inc.
Wyeth-Ayerst Labs
Wyoming Air National Guard

Notes of Special Interest

Exhibits will be open on Friday, September 14, 8:00 a.m. to 12:00 noon and 1:30 p.m. to 7:00 p.m. and Saturday, September 15 from 8:00 a.m. to 12:00 noon and 4:00 p.m. to 5:00 p.m. New this year, Saturday afternoon has been kept open for the Exhibitor/Physician Best Ball Golf Tournament. This casual event will give you the chance to get to know the exhibitors outside their booths. Be sure to sign up on the Registration form. In addition, the exhibitors will sponsor a hosted bar in the exhibit area from 5:00 to 6:00 p.m. Saturday, just before the Presidential Inauguration. Your participation will help them say “thank you” for a successful exhibition.





Spinal Cord Injuries Cost Colorado \$8 million Per Year

by Amy Sage

Care for individuals with new spinal cord injuries in Colorado costs about \$8 million a year, according to the 1989 Annual Report of the Spinal Cord Injury Early Notification System (ENS).

ENS is a collaborative program of the Colorado Department of Health, Rocky Mountain Regional Spinal Injury System and over 36 hospitals in Colorado. It is a comprehensive surveillance effort and a patient and family support program. By working directly with the hospitals that treat individuals with spinal cord injuries, ENS contacts each person who sustains this devastating injury.

ENS coordinator Renée Johnson offers information free of charge to each of them and their families about the injury, what to expect and what help is available.

The Colorado ENS underwent a major change during 1989. The Colorado Board of Health made reporting of spinal cord injuries by hospitals mandatory. As a result, in addition to the clinical contact persons who continue to report persons with new injuries, the medical records department in every Colorado hospital now must report spinal cord injuries retrospectively, using ICD-9 codes.

Over 342 spinal cord injury cases in

Colorado, most with some paralysis and disability, have been reported since 1986.

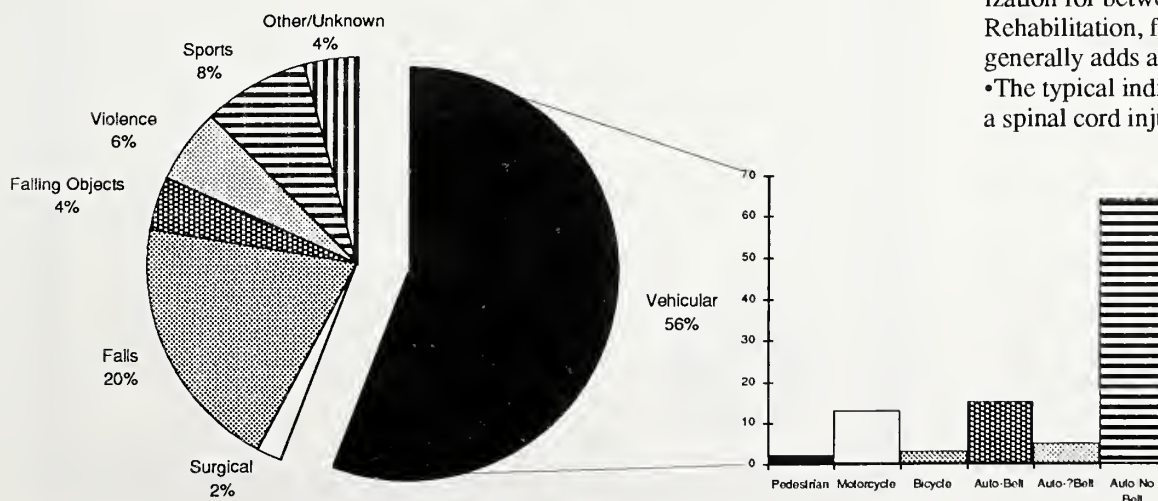
The 1989 Annual Report of the ENS includes these findings:

- Ninety eight Coloradans suffered spinal cord injuries in 1989. Motor vehicle accidents caused 56 percent of them, and 64 percent of the injured were not wearing seat belts.
- Motorcycle crashes caused 13 percent of the reported spinal cord injuries in 1989; the rest resulted from falls, sports, surgery and violence.
- People living in rural areas are at significantly higher risk for spinal cord injuries than their urban counterparts.
- Most of those who sustain spinal cord injuries undergo acute hospitalization for between 20 and 30 days. Rehabilitation, for those requiring it, generally adds another 50 to 80 days.
- The typical individual who sustains a spinal cord injury is a male, in his

early thirties, who has completed high school or some college. Those who work in construction sustain a disproportionate number of injuries.

•Seventy five percent of spinal cord

Causes of Spinal Cord Injury
Colorado: 1986-1989



Spinal Cord Injuries from previous page...



injuries cause significant, if not complete paralysis. They result in long term severe disability. The remaining injuries are relatively minor, causing little, if any paralysis.

- Most injuries occur in the summer, on weekends during the afternoon or evening.

- Young men have the most injuries in the summer months.

- Falls are the second greatest cause of spinal injuries, both in Colorado and the nation. Younger people are generally injured on the job or while participating in a recreational activity such as rock climbing. Older people are most often hurt in or around the home.

- People with spinal cord injuries face medical problems such as skin breakdown, urological, respiratory and circulatory compromise, pain and a decreased endurance.

- About 69 percent of the spinal cord injuries (from 1986-1989) took place in metropolitan counties; the remaining 31 percent were sustained in non-metropolitan counties. Most significant about these percentages is the fact that non-metropolitan counties account for less than 20 percent of Colorado's population.

The location of Coloradans sustaining spinal cord injuries in 1986-1989 were in these counties: Denver 34; Arapahoe 27; Adams 23; Larimer 23;

Jefferson 22; El Paso 20; Weld 18; Pueblo 15; La Plata 7; Grand 7; Douglas 7; Summit 6.

Others were: Morgan 6; Mesa 5; Routt 5; Logan 5; Eagle 4; Pitkin 4; Kit Carson 3; Elbert 3; Delta 3; Montrose 3; Gunnison 3; Montezuma 3; Boulder 3; Lincoln 2; Fremont 2; Park 2; Otero 2; Huerfano 2; Conejos 2.

Counties with one spinal cord injury victim included: Moffat, Garfield, Rio Blanco, Jackson, Rio Grande, Alamosa, San Miguel, Chaffee, Clear Creek, Teller, Phillips, Yuma, Prowers, Las Animas, Baca.

With four years of data collection completed, the Early Notification System has begun to identify risk factors for spinal cord injury in Colorado. Efforts are also underway to identify prevention strategies.

Primary prevention strives to prevent the injury from ever happening. Secondary prevention efforts attempt to reduce complications, handicaps and adverse outcomes once an injury or disability has already happened.

One such effort is the infusion of

massive doses of methylprednisolone within eight hours of acute spinal cord injury. According to the Neurology Institute Information Office of the Department of Health and Human Services, these patients showed significantly greater improvement in their motor function, pin and tough sensation six weeks and six months after injury.

The ENS is involved in another secondary prevention effort, in Colorado Springs by the El Paso County Health Department and the state Health Department. The project is trying to decrease some of the difficulties experienced by persons who have sustained seemingly minimal spinal cord injuries.

"Spinal cord injuries and their complications are preventable," according to Johnson. "Most of them happen in motor vehicle crashes to people not using safety belts. The ultimate goal of ENS is the prevention of spinal cord injuries."

For more information, or a copy of the annual report, contact Johnson at (303) 331-8344.

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Colorado Project Receives National Award

Partners in Action for Teen Health (PATH) is a three year joint project of the Colorado Department of Health which seeks to "demonstrate the effectiveness of a community development model in addressing adolescent health issues comprehensively instead of by individual problem areas." Four sites were chosen for this pilot project, Trinidad, Commerce City, Louisville/Lafayette and Montezuma County. Of these, the latter is the only one in which the entire county was targeted.

Montezuma County PATH was also the only adolescent health program in Colorado (there were 33 nationwide) to receive the AMA Recognition of Excellence Award. Arthur Elster, MD, Director of the Department of Adolescent Health of AMA said, "The work of Partners in Action for Teen Health (PATH)—Montezuma County certainly exemplifies the kind of efforts needed to promote the health and well being of young people in our nation." Dr. Elster

said the Montezuma County project represented a model of effective approaches to improving adolescent health.

Marilyn Griebel, RNC, MS, Project Coordinator, described a pattern of early success in the program, noting that the evaluation so far has shown "a high degree of satisfaction with PATH and its ability to stimulate positive change in the local area."

Marilyn Griebel is a Women's Health Care Nurse Practitioner in Cortez, Colorado, the center of most services in Montezuma County. The PATH Project is coordinated for the Colorado Department of Health by Kathy Wade-Campbell. For more information, phone (303) 565-3056.

Colorado Physician Lends a Helping Hand

Basic health care in third world nations is often compromised by poor sanitation and lack of safe water but, according to **LeRoy H. Stahlgren, MD**, they also perceive a great need for

more advanced and specialized medical services. Someone who has the training to effectively manage infection for instance.

Dr. Stahlgren doesn't just say that. Because of the need for such services, this General Surgeon and his wife will be traveling to Punjab, India in October and November. Although they'll enter the country on a tourist visa, it's not a typical vacation. Dr. Stahlgren will be a professor of surgery at the Christian Medical College in Ludhiana, Punjab. He sees this as a very valuable service as surgeons are particularly needed in the third world.

While his primary focus will be teaching at the college in Ludhiana, Dr. and Mrs. Stahlgren will stop at an international meeting on digestive diseases (CIDC) in New Dehli on the way back to deliver a paper. They will also visit McCormick Hospital in Chiangmai, Thailand before returning to the United States in mid-December.

This is not the first such trip the Stahlgrens have made. He previously served at a 120 bed mission hospital in Zaire, Africa while the staff there was on educational leave. "The hardest part was coming back," he says. Re-acclimating to U.S. culture was more of a shock than he had anticipated. Just noticing the things we take for granted—availability of products, communication, living conditions—that these people don't have at all, took him aback. He did express great admiration for courage and stoicism of the people he worked with.

Dr. Stahlgren doesn't like to think his activities are all that unusual. "I'm really impressed with the number of medical volunteers there are in the [medical] society." We look forward to hearing a report of Dr. Stahlgren's trip when he returns.



Kathy Wade-Campbell, (l) PATH Project Coordinator, Colorado Department of Health, Marilyn Griebel, (r) PATH Project Coordinator, Montezuma County

Bainbridge INC.

Children's Hospital Benefit... *From sidewalk to shingles*

Bainbridge Inc. will donate all proceeds of the home featured in the 1990 Parade of Homes, to Children's Hospital. Bainbridge is hopeful that the sale will reach a record amount because of some old-fashioned Yankee ingenuity on the part of custom homebuilder Bainbridge, Inc., in working with its suppliers and subcontractors, and the Home Builders Association of Metropolitan Denver.

Not only will Bainbridge donate all of its profits from the sale of the home, but it asked suppliers and subcontractors to pitch in, too, by donating materials and labor, or providing them at a reduced cost.

"Bainbridge has been terrific to work with... they really believe in what they're doing for Children's Hospital."

"They have started something very innovative!"

David Slone,
Executive Vice President
The Children's Hospital Foundation

"The positive response from the 56 vendors being used in the construction of the home has been overwhelming," said Craig Austin, Division Manager for Bainbridge. "We've received tremendous support from everyone, including United Bank of Denver, which provid-



ed the construction loan, and Barbara Clair, the listing agent who represents RE/MAX. Everything — lumber, bricks, electrical, plumbing, carpentry — is being supplied for less than its normal cost," he explained. "It's just a great outpouring of support for Children's Hospital."

But the custom homebuilder didn't stop in its quest for more funds for Children's Hospital. It went one step further by providing the space for an Artisan's Fair to be held in the 1500-square-foot basement of its Parade home, staffed by members of the Children's Hospital Auxiliary. The fair will feature items handmade by local artists. A large percentage of the profits from the sale of the handcrafted items will go to the hospital.

Bainbridge's "Children's Hospital House" is an outstanding example of the builder's craft. It features five bedrooms, five baths, walk-out basement, unique ceiling treatments, hand-carved mantle, custom-crafted cabinets, and specially-designed molding.

Bainbridge invites everyone to visit this year's Parade of Homes in Ken Caryl Valley, being held July 28-Sept. 3. Tickets will be available from the Home Builders Association, 758-7575.

1990 PARADE OF HOMES PARTICIPANTS:

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A-OK Roy's Weatherstripping Company
BFI Portable Services West
Big Horn Plastering, Inc.
Brown/Raynor Corporation
Michael Bush, Designer
Carol's Cleaning Service
Camps Rocky Mountain Stone Carpenter Services
Chatfield Time Rentals, Inc.
Colorado Soil
Colorado Comfort Products
Custom Vac-Vacuum Company
D & W Electric, Inc.
Diamond Vogel Paints
Fanning and Associates
Finish Grading, Inc.
Five Star Glass & Mirror
Four x Four Concrete Forming
Frontier Waterproofing, Inc.
Harbison Photography
Heritage Brick, Inc.
High Country Painting
Honeywell
Home Lumber and Supply
Interstate Hardware Company
The Interior Establishment
Bob Jacob Public Relations
J. R. Developers, Ltd.
Kirk Fraser Communications
K. J. Enterprises, Inc.
Kyle Kucharski Engineering & Construction
The Lighting Connection
Richard Lubischer, Architect
New Life Woods/Joe Blanc
Nutone
Platte Valley Lumber, Inc.
Chet Pritchard Cement Contractors
Raynor Door, Inc.
Regent Security/Rory Jaret
RE/MAX, Barbara Clair
Rio Grande Company
Robinson Brick Company
Rock Doctors, Inc.
Ron's Welding
Suzanne Schaefer
Fred Schmid Appliances
South Valley Drywall, Inc.
Spa Equipment Company
Sutton Insulating Company, Inc.
Timberline Builders
United Bank of Denver
Western States Engineering
Donald White & Son Roofing
Whicelo Excavating & Grading
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No-Fault Auto Insurance—New Physician Reporting Requirements

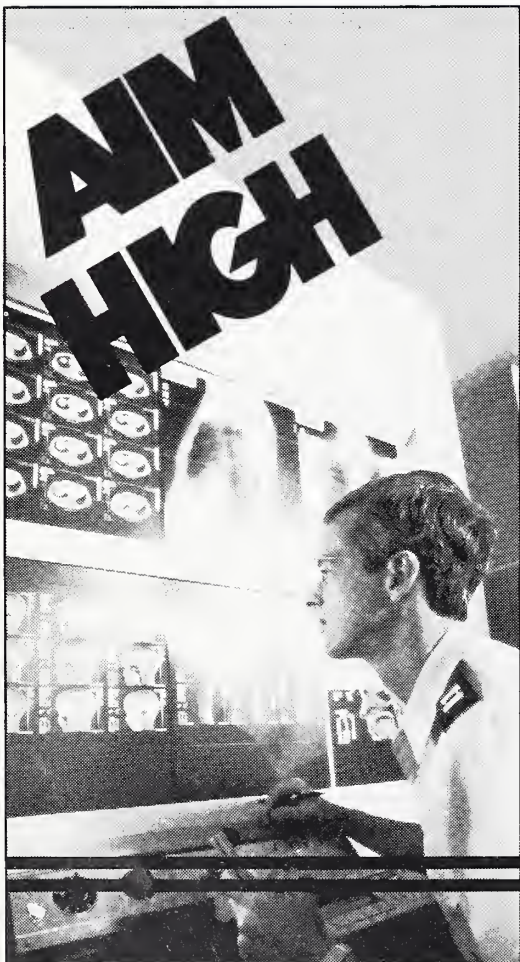
Colorado's no fault auto insurance law was amended in 1989, adding a new requirement for reporting by physicians who are evaluating or treating persons injured in auto accidents. The statutory language reads as follows:

10-4-708.5 — **Timely notification of insurer.** When an insured entitled to benefits under a complying policy is injured or believes he has been injured in an accident and is examined or treated by a physician or health care practitioner, such physician or health care practitioner shall notify the insurer within thirty calendar days after the insured's visit.

The problem which apparently drove this amendment is that some health care providers signed injured patients to extended courses of treatment, without the knowledge of the insurance carrier who would be obligated to pay for the care. While those responsible are not necessarily physicians, the statute clearly creates yet another reporting requirement

to add to your already overburdened administrative load. While the statute does not provide penalties for non-reporting, no doubt someone will solve that problem when it suits their needs.

In summary, then, there does exist the statutory requirement for reporting injuries covered by Colorado's no fault auto law to the auto insurer providing the patient's coverage. One way to solve this is to have your receptionist send a single page of postcard notification to the carrier for each person seen in your practice for auto crash injuries, noting only that "M/M Doe was evaluated by Dr. X on (date), regarding injuries reportedly arising from an automobile accident on (date)." Any further needs of the insurance carrier would necessarily have to come from the carrier, and would then be handled in the same fashion as you handle all other such requests - including obtaining the patient's permission to release medical information.



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Due to a computer error, some of the listings for the city of Durango were omitted from the 1990 Physicians's directory. We apologize to those involved. Please remove this page and insert it between pages 110 and 111 of your Directory.

DURANGO, CO

Grossman, Richard A, MD (Ret)

1810 E 3rd Ave
Durango, 81301 247-5543
(H) 1620 Forest Ave
Durango, 81301 247-0668
LA PLATA COUNTY MED. SOC.

OB & GYNECOLOGY
AEROSPACE MEDICINE

Halley, Tullius W, MD (Ret)

(H) 202 W 25th St
Durango, 81301 247-0319
LA PLATA COUNTY MED. SOC.
GENERAL SURGERY

Harrison, Judith A, MD

3235 N Main Ave
Durango, 81301 259-3110
(H) 115 Conejo
Durango, 81301 247-3229
LA PLATA COUNTY MED. SOC.
FAMILY PRACTICE

Heller, Henry M, MD

1800 E 3rd Ave, #104
Durango, 81301 247-0777
(H) 150 E Park
Durango, 81301 247-2873
LA PLATA COUNTY MED. SOC.
INTERNAL MEDICINE
HEMATOLOGY
ONCOLOGY

Hillmer, Barry, MD

1800 E 3rd Ave, #16
Durango, 81301 247-5362
(H) 2611 Rim Dr
Durango, 81301 247-1668
LA PLATA COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Hutchinson, James E, MD

1902 E 2nd Ave
Durango, 81301
(H) 600 Animosa Dr
Durango, 81301
LA PLATA COUNTY MED. SOC.
PSYCHIATRY

Jernigan, Randal F, MD

375 E Park Ave
Durango, 81301 247-2934
(H) 260 Sortais Rd
Durango, 81301 247-2934
LA PLATA COUNTY MED. SOC.
EMERGENCY MEDICINE
FAMILY PRACTICE

Johnson, Stephen M, MD

375 E Park Ave
Durango, 81301 247-4310
(H) 2212 Crestview
Durango, 81301
LA PLATA COUNTY MED. SOC.
EMERGENCY MEDICINE

Johnson, Vaughn A, MD

170 E 12th, #9
Durango, 81301 259-2525
(H) 150 Cnty Rd 337
Durango, 81301 247-5146
LA PLATA COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Kehmeier, Dean F, MD

375 E Park Ave
Mercy Med Ctr
Durango, 81301 247-3565
(H) 2456 W 3rd Ave
Durango, 81301 259-0044
LA PLATA COUNTY MED. SOC.
PATHOLOGY

Kiracofe, H Loudon, MD

1800 E 3rd Ave
Durango, 81301 259-0440
LA PLATA COUNTY MED. SOC.
UROLOGICAL SURGERY

Krauser, William J, MD

1800 E 3rd Ave
Durango, 81301 247-5362
(H) 910 Cnty Rd 302
Durango, 81301 247-1889
LA PLATA COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Lloyd, Leo W, MD (Ret)

PO Box 2637
1800 E 3rd Ave
Durango, 81301 247-2611
(H) 1825 Florida Rd, #207
Durango, 81301 247-8884
LA PLATA COUNTY MED. SOC.
INTERNAL MEDICINE

Luter, Patrick W, MD

1800 E 3rd Ave, #103
Durango, 81301 247-4448
(H) 185 W Park Ave
Durango, 81301 247-4582
LA PLATA COUNTY MED. SOC.
GENERAL SURGERY

Morse, Jeffrey M, MD

PO Box 2637
Durango, 81302 247-2611
(H) 1676 W 3rd Ave
Durango, 81301
LA PLATA COUNTY MED. SOC.
FAMILY PRACTICE

Murphy, Joseph M, MD

Box 2637
Durango, 81302 247-2611
(H) 124 Conejo Pl
Durango, 81301 259-6263
LA PLATA COUNTY MED. SOC.
FAMILY PRACTICE

Pirnat, Martin P, MD

Box 2637
1800 E 3rd Ave
Durango, 81301 247-2611
(H) 2908 Cedar Ave
Durango, 81301 247-5349
LA PLATA COUNTY MED. SOC.
FAMILY PRACTICE

Pratt, Thomas C, MD

PO Box 3087
Durango, 81302 259-6233
(H) 27 Lewis Mt Ln
Durango, 81301 259-6233
LA PLATA COUNTY MED. SOC.
ANESTHESIOLOGY

Rappe, Donald L, MD

PO Box 2637
1800 E 3rd Ave
Durango, 81301 247-2611
(H) 96 Rio Vista Cir
Durango, 81301 259-4395
LA PLATA COUNTY MED. SOC.
FAMILY PRACTICE

Ruggera, Gary C, MD

PO Box 2078
Durango, 81302 247-8647
(H) 1757 W 2nd Ave, #B
Durango, 81301
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Continued from front...

hydration, as that would result in death. At hearing the testimony fell short of establishing by clear and convincing evidence that Nancy Cruzan would want to have medical treatment, hydration and nutrition withdrawn. The State is not required to accept the "substituted judgment" of close family members in the absence of substantial proof that their view reflects the patient's.

NATIONAL PRACTITIONER DATA BANK: Contrary to prior reports, the National Practitioner Data Bank is not yet in operation. The current estimate of its start up date is late August 1990, nearly a year after the targeted date. **TENS:** According to a study published in the New England Journal of Medicine, for patients with chronic low back pain, treatment with transcutaneous electrical nerve stimulation (TENS) is no more effective than treatment with a placebo. TENS adds no apparent benefit to exercise alone. (N Engl J Med 1990;322:1627-34.) **COLON CANCER:** A study comparing people living in China with Chinese immigrants living in the US and Canada provides additional evidence that high fat diets cause colon cancer. The risk of colon cancer increased the longer the Chinese immigrants adhered to a Western diet high in saturated fat from meat and dairy products. **INTRAUTERINE SURGERY:** At the University of California, San Francisco, physicians performed lifesaving surgery on two fetuses to repair congenital hernias. Both were later delivered without incident. **ALZHEIMER'S DISEASE:** Autopsy tests have revealed a protein found almost exclusively in the brains of Alzheimer's patients. Now researchers are working on a more reliable test for detecting Alzheimer's disease using the spinal fluid of living patients.

Bar Association Invites CMS Members to Attend Medicare/Medicaid Seminar

The Health Law Forum Committee of the Colorado Bar Association, in conjunction with the Healthcare-Financial Management Association, has extended an invitation to CMS members to attend their next meeting scheduled for August 17, 1990 from 8:00 a.m. to 1:00 p.m. at the Marriott Hotel—City Center. The topic of the meeting will be "Medicare and Medicaid Reimbursement". Representatives from the Health Care Financing Administration (HCFA), Department of Social Services, and Blue Cross/Blue Shield of Colorado are on the agenda. There is a charge of \$55 per person to attend. To receive more information concerning this presentation, please contact: Ellen E. Stewart, Esq. Phone 534-1200.

Immunization Consent Forms

Updated immunization consent forms will soon be mailed to all physicians who have received these forms from the Colorado Medical Society in the past. This will include only forms that have been changed since November, 1989.

A complete packet of all available forms will be sent to anyone who requests them by calling Kim Lavassani at the Colorado Medical Society at 779-5455, ext. 423. Your name will then be added to our mailing list and you will receive any updated forms as they become available.

These forms are also available from the Colorado Department of Health, Immunization Division, by calling (303) 331-8323.

CMS Med Fax

REMINDER: Medicaid Provider Numbers Are Confidential

The Medicaid Program Administration is reminding physicians that their Medicaid provider numbers are confidential and are to be given to other providers only when a referral is being authorized. Some groups have been attempting to print and distribute lists of Medicaid provider numbers. This practice could adversely affect the Primary Care Physician Program (PCPP) which has been designed to assure effective utilization of services by Medicaid recipients. Unauthorized use or publication of Medicaid provider numbers is not allowed. For more information contact M. Lynne Northcutt, CMS Medicare/Medicaid Program Manager at (303) 779-5455 or 1-800-654-5653, ext. 428.

Colorado Medical Society provides the following listings of events as a member service only. Some events are approved for Continuing Medical Education credits. Information is provided by the sponsoring organizations. For more details, use the telephone contact at the end of the listing.

The Denver STD Prevention and Training Center
HIV Practicum for Public Health Workers and STD Clinicians

Denver Public Health Dept
August 20, 1990

Teri Anderson (303) 893-7191

The Denver STD Prevention and Training Center
HIV Clinician's Update

University of Colorado/Denison Auditorium
September 7, 8, 1990

Teri Anderson (303) 893-7191

The Oxford Institute Network of Care
Addictions Conference

Hilton Head Island, SC
September 8-11, 1990

Virginia Blegun, (313) 628-0500

American College of Physician Executives
Physician in Management I & II

Newport Beach, CA

September 10-14, 1990

ACPE, (813) 287-2000

American College of Physician Executives
Chiefs of Service/Department Chair Program

Newport Beach, CA

September 10-14, 1990

ACPE, (813) 287-2000

American College of Physician Executives
Career Options

Newport Beach, CA

September 15, 1990

ACPE, (813) 287-2000

Colorado Safety Association

Rocky Mountain Health & Safety Conference

John Q. Hammons Convention Center, Denver

September 26-28, 1990

Melodye Turek, (303) 297-2111

American College of Physician Executives
Physician in Transition

Topeka, KS

October 7-12, 1990

ACPE, (813) 287-2000

Denver Disease Council

STD Clinicians' Update

University of Colorado/Denison Auditorium

October 12, 13, 1990

Teri Anderson (303) 893-7191

American College of Physician Executives
Physician in Management I & II

Nashville, TN

October 15-19, 1990

ACPE, (813) 287-2000

American College of Physician Executives
Career Options

Chicago, IL

October 20, 1990

ACPE, (813) 287-2000

September, 1990

Volume 87, Number 9

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McInnis (R)
(Eagle, Garfield, Pitkin, Rio Blanco)
Mutzebaugh (R)
(Jefferson)
Neale (R)
(Arapahoe, Denver)
Owen (R)
(Larimer, Weld)
Pankey (R)
(Arapahoe)
Paulson (R)
(Arapahoe)
Philips (R)
(El Paso)
Pierson (D)
(Jefferson)
Prinster (D)
(Mesa)
Ratterree (R)
(El Paso)
Reeser (D)
(Adams)
Reeves (D)
(Larimer)
Romero (D)
(Pueblo)
Ruddick (D)
(Arapahoe)
Rupert (D)
(Boulder)
Schauer (R)
(Arapahoe)
Shoemaker (R)
(Arapahoe, Denver)
Swenson (R)
(Boulder)
Tanner (D)
(Denver)
Taylor-Little (R)
(Jefferson)
Thiebaut (D)
(Pueblo)
Tilger
(Adams)
Trujillo, J (D)
Garcia, Las Animas, Otero, Pueblo)

ng 80 Allison (R)
(Jefferson)
85 Bird (R)
(Elbert, El Paso)
75 Bishop (R)
(Mesa)

92 Brandon (R)
(Kit Carson, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, Yuma)
75 Considine (R)
(Arapahoe)
91 DeNier (R)
(Archuleta, Delta, Dolores, LaPlata, Montezuma, Montrose, Ouray, San Juan, San Miguel)

73 Fenlon (R)
(Arapahoe)
83 Gallagher (D)
(Denver)
75 Groff (D)
(Denver)

92 Hopper (R)
(Boulder, Clear Creek, Eagle, Gilpin, Jefferson, Pitkin, Summit)
92 Hume (R)
(Boulder)

92 Martinez (D)
(Adams)
75 McCauley (D)
(Adams)
75 McCormick (R)
(Custer, Fremont, Lake, Park, Pueblo)

64 Meiklejohn (R)
(Jefferson)
83 Mendez (D)
(Boulder)
83 Norton (R)
(Weld)

83 Owens (R)
(Arapahoe)
83 Pascoe (D)
(Arapahoe, Denver)
58 Pastore (D)
(Alamosa, Chaffee, Conejos, Costilla, Delta, Gunnison, Hinsdale, Mineral, Rio Grande, Saguache)

83 Peterson (D)
(Denver, Jefferson)
54 Powers (R)
(El Paso, Lincoln)
67 Rizzuto (D)
(Baca, Bent, Cheyenne, Crowley, Huerfano, Kiowa, Montezuma, Montrose, Ouray, San Juan, San Miguel)

75 Sandoval (D)
(Denver)
75 Schaffer (R)
(Larimer)
77 Schroeder, (R)
(Jefferson)

58 Strickland (R)
(Adams)
73 Tebedo (R)
(El Paso, Teller)
82 Traylor (R)
(Jefferson)

**“How Colorado’s
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information.**

CMS Med Fax[®]

AT PRESS TIME...

...a compilation of medically-related news briefs of immediate interest to the physician community occurring after **COLORADO MEDICINE** has gone to press.

CMS Med Fax_o

by **Montgomery Little Young Campbell and McGrew, P.C.**

legal counsel to the Colorado Medical Society

National Practitioner Data Bank Goes On Line 9/1/90

If you have been preassigned an identification number for reporting to or querying the National Practitioner Data Bank, you should already have received a letter announcing the official opening. The package also includes Data Bank Forms, instructions and a guidebook.

The Data Bank also provides a toll free Help Line (1-800-767-6732) for the more than 12,000 entities who are involved.

Contrary to common fears, malpractice lawyers will not be able to go on "fishing expeditions", according to Claire C. Obade, a Philadelphia health care lawyer. Ms. Obade said, in an update to the National Health Lawyers Association, that if malpractice lawyers do access the data bank, they can use the information only to sue a hospital for negligent credentialing.

A lawyer who has filed a malpractice claim against a hospital may obtain information about a physician who is also named in the claim, however the lawyer must first prove that the hospital failed to query the data bank about that physician.

Hospitals, HMO's, state medical boards, medical professional societies and some other entities are required to report any disciplinary action against a physician that lasts more than 30 days and hospitals must query the data bank every two years on each physician, as well as when a physician is granted a medical appointment or clinical privileges. (For more information on the data bank regulations, see **Colorado Medicine** for March, 1990, p. 81)

Medicare Influenza Vaccine Demonstration Put on Hold

by **Lynne Northcutt, Program Manager**

In mid-August HCFA and the Medicare Carrier announced that Colorado had been selected to participate in the Influenza Vaccine Demonstration which had been mandated by Congress per OBRA, 1987. This

demonstration was going to test the cost-effectiveness of providing flu vaccines as a covered benefit of Medicare.

On August 20, 1990 the Carrier was informed that this demonstration has been put on hold indefinitely. This is a direct result of U.S. troops being sent to the Mid-East and the impact this activity is having on the Federal budget.

In order to prepare for a September 1 implementation date of this project, the Medicare Carrier had sent information on flu vaccine benefits to physicians, hospitals and Medicare beneficiaries. Many patients may request vaccinations from their physicians thinking that the expense will be covered by Medicare. Please inform your patients that flu vaccines will not be covered until further notice.

Through this magazine, the Colorado Medical Society (CMS) will keep you abreast of changes as they occur. For additional information contact Lynne Northcutt, CMS/Program Manager at (303) 779-5455 or 1-800-654-5653. Also, be sure to read all Medicare correspondence when it arrives at your office!

Vaccine Injury Claims Must be Filed by October 1, 1990

The National Vaccine Injury Compensation Program can provide payments for persons who have died or suffered an injury associated with certain vaccines. If the injury is from a vaccine administered on or before October 1, 1988 though, the claim must be filed by October 1, 1990. If the vaccine was administered after October 1, 1988, individuals have longer to file the claim.

Vaccines involved in the program are Diphtheria and tetanus toxoids and pertussis vaccine (DTP); Measles, mumps and rubella vaccine; and oral and inactivated polio vaccine. For more information, please contact the National Vaccine Injury Compensation Program, Health Resources and Services Administration, 5600 Fishers Ln #7-90, Rockville, MD 20857. You may call 1-800-338-2382. The program asks your help in informing parents and patients of this program before the deadline. Posters and flyers are available with further details.

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ATTORNEYS AT LAW

*by Karen B. Best, Esq.
Eugene A. Over, Jr., Esq.
and Michael J. Panis, Esq.*

*Associates with Montgomery Little Young Campbell &
McGrew,
attorneys to the Colorado Medical Society*

This column is not legal advice, but is for general information only. For help with specific problems, readers should consult an attorney.

Collection

As of 1/1/91, County Court jurisdiction will be raised from \$5,000 to \$10,000 and Small Claims Court jurisdiction will be raised from \$2,000 to \$3,500. As of 7/1/90, the fee for filing in County Court increased to \$25, and the fee for filing in Small Claims Court is on a sliding scale from \$8 to \$25.

Independent Medical Examinations and Workers Compensation

Provisions are now in place for the establishment of a medical review panel of physicians available and qualified to perform independent medical examinations on workers compensation claimants. Under the statute, physicians on the panel would be selected to perform examinations on a revolving basis and would be paid by the requesting party. The independent examining physician is prohibited from becoming an authorized treating physician. The statute does not preclude a physician not on the panel from performing IME's. Members of the panel are immune from liability in any civil action arising from good faith, reasonable acts occurring while the physician is acting as a panel member. Immunity extends to impairment ratings, so long as there is no malice or bad faith by the rating physician.

Kids and Candy

If there has ever been any doubt about what happens to children when they eat too much sugar, it is now resolved. Yale University researchers say they have substantiated what everyone who has ever been anywhere with a child and a bag of candy already

suspects—sugar makes them irritable and hyperactive. In the study researchers gave 14 healthy children and 9 healthy adults glucose roughly equal to two frosted cupcakes, if eaten by a child for breakfast. They then tested the blood every 10 minutes for levels of glucose and adrenaline. Blood sugar levels in adults and children were about the same—blood sugar peaked and then dropped to slightly below normal levels 3 to 4 hours after intake. But adrenaline levels were 10 times as high as pre-meal levels in the children; pre-meal levels were twice those of adults. The increased level of adrenaline may lead to anxiety, difficulty concentrating and crankiness. No kidding.

Environmental Audit May Save Unpleasant Surprises

Recent reports in Colorado's newspapers indicate that the economy is pulling out of the long slump. Property values have shown a modest increase and the experts claim prices will begin to increase. This may mean that real estate investment will begin to look attractive again. However, some dangerous landmines are waiting for the unwary purchaser of real estate.

Any investor in commercial real estate must now be aware that the purchase of land or a building is also the purchase of any environmental problems on the land or in the building. This can mean anything from abandoned underground storage tanks, mine tailings, or asbestos insulation materials. Under the new environmental laws, such as the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) or more commonly called, "The Superfund law", owners of land can be responsible for the cost of cleaning up environmental hazards. This can be true even though the problem was created many years prior to the purchase and the new owner does nothing to add to the problems.

To avoid the accidental purchase of a lawsuit, both the land and buildings should be the subject of an environmental assessment or audit prior to closing. The purchase should be contingent on the results of that audit, with the buyer retaining the right to terminate the contract based on the information disclosed by the audit. Because environmental testing can be very expensive, the audit should be arranged in steps or discrete units, so that there is the ability to terminate the audit if it seems that no, or only minor problems exist. For example, the first step of the audit could consist of (1) a visual inspection of the ground and premises; and (2) historical research in the uses of the property.

However the audit is handled, it is important that it be undertaken by a qualified professional and that there is enough time set aside in the contract to insure that an adequate assessment can be done. Although potential

continued inside back cover...



How Colorado's
General
Assembly
Voted in 1990



Government Affairs Division
Colorado Medical Society

Cover Story

"How Colorado's General Assembly Voted in 1990" may make a difference in how *you* vote on November 6. See inside for more...

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*John F. Farrington, MD
President, Colorado Medical Society
1989-1990*

This has been a year of solid accomplishment. CMS has become a more pro-active organization. We have added new programs as we have continued to build on programs started over the past several years. Much remains to be done, and this is not the time to rest on our laurels. One of the most positive events of the past year has been the reorganization of the CMS Staff. The staff is now able to more effectively support board functions and the various councils, committees and task forces of your society. As a result of this and the activities of the past five years, CMS is in a sound financial position.

All too often we hear people in influential positions say, "The doctors are the problems," and "Doctors haven't done anything to solve the problems that exist." Everyone is entitled to his own bias, but let the record speak for itself.

- During the past year, your society has taken a strong stance in relationship to the Colorado Health Data Commission in both written and verbal communications to the Data Commission. (*A reprint of Dr. Farrington's letter to the Chairman of the Health Data Commission follows*). We have pointed out the need for them to move from media sensationalism to an educational orientation.

- CMS has opened meaningful dialogue with Governor Roy Romer concerning the Rocky Flats plant. More recently, we have communicated the need to develop a comprehensive health policy for Colorado. State Sen. Claire Traylor introduced a joint resolution for the formation of a Colorado Health

"...eternal vigilance is the price of freedom."

Policy Council. CMS has taken the lead in the formation of this council.

- To get the most bang for the taxpayer's buck, we can no longer look at all government funded health care programs as if they existed in a vacuum. This not only includes Medicaid, the care of the medically indigent and other specific state-funded health programs, but also the Worker's Compensation program.

- CMS and the Colorado Hospital Association (CHA) have joined in implementing a hospital-based quality assurance program, sponsored by the Maryland Hospital Association. We will rely heavily on the CMS Hospital Medical Staff Section in this effort. This program is just getting started and you will hear more about it over the coming months.

- CMS and CHA are discussing improved methods for conducting small area analysis programs, making them a tool to elevate the quality of medical care and hospital services.

- CMS Legislative Council was very active during this past legislative session, and is gearing up for the 1991 session. CMS lobbying functions have intensified and physician analysis of proposed bills has enabled CMS to increase its influence at the legislative level. The results of Legislative Council

efforts have been summarized periodically in **Colorado Medicine**.

- CMS has actively supported a study to assess the effectiveness of medical and surgical interventions. Colorado Medical Society was instrumental in initiating the dialogue on prioritization of health care services in Colorado.

The list could go on for pages.

CMS has gone public and is now recognized as a part of the decision-making community and the legislative and governmental process. Suffice it to say, Colorado Medical Society is your organization — in the forefront of supporting legislation and programs designed to benefit the public health, safety and welfare. It is through the dedication of CMS members that we are able to move to the head of the pack.

In our efforts to improve the health care system in Colorado we have had a strong ally - the Colorado Medical Society Auxiliary (CMSA). The CMSA and its national organization, AMAA, are not "social" but organizations of individuals, both female and male, dedicated to improving health care, the medical profession, organized medicine, and those we serve: our patients.

I believe CMS must continue to forge a strong working partnership with CMSA, so both organizations can accomplish the programs upon which they have embarked.

CMSA is a strong supporter of many programs that affect public education, health and safety. They initiated a statewide seat belt education program and, during the past legislative session,

(Continued)

President's Letter

(Continued)

actively supported a bill for comprehensive health education, K thru 12. Much of the CMS strength in the legislative arena on the issues of public health and education come directly from the activities of the auxiliary.

Another major effort of CMSA is their support of the AMA-ERF. Nationwide, auxiliary groups raised over \$2,000,000 during 1989-90. In Colorado, our auxiliary raised a record high of \$23,000 for the AMA-ERF. As medical student debt continues to soar, any help we can give will reduce their debt and provide these new physicians with practice opportunities that would otherwise be denied them. I want to express my deep appreciation to CMSA for their help during my year as president.

During this year I have had the opportunity to visit with many physician members, and have visited almost all county and regional medical societies in our federation. I have been impressed with the determination of the members of CMS to provide an ever-higher quality of medical care. I am equally impressed with their dedication to the medical profession and the health care system.

As I close my last letter to the membership, I believe "*we've come a long way, baby.*" However, a word of caution is in order: *eternal vigilance is the price of freedom.* As members of CMS, it is essential that you watch what CMS does as an organization. CMS is here to represent you and your patients. Each county and regional medical society has the obligation to elect representatives to the CMS board who will carry its member concerns to the elected leadership, and will report the actions of the board back to you. The House of Delegates has a similar responsibility - to monitor the actions of the board and elected leadership, and provide the board with clear direction on where CMS members want the organization to go. CMS membership is a privilege: it is something to be proud of; it attracts the best physicians in Colorado. Be jealous of this privilege and insist that your leaders represent you.

July 9, 1990

Rex Morgan
Chairman
Colorado Health Data Commission
1313 Sherman Street, Room 518
Denver, Colorado 80203

Dear Rex:

Thank you for your letter of July 2. The Colorado Medical Society believes that the collection, analysis and distribution of utilization data can be an extremely important tool in correcting current problems in the health care system. We also believe it is essential for physicians and other providers of health care to address the questions these data raise.

CMS has expressed a desire to attempt to work with the Colorado Health Data Commission to improve its function. Per our discussions over lunch earlier this year, I believe that the legislation that created the Colorado Health Data Commission does allow for the development of panels of physicians and others to aid the Commission in accomplishing its charge. Enclosed is a list of practicing physicians who can contribute to your process.

In response to your suggestion that CMS develop a formal proposal for the use of such panels, following is an outline of how such a panel might operate. The panel should be specialty and geographically representative and should not necessarily be restricted to physicians. Its purpose would be to assist the Commission in developing an understanding of the meaning of the data and to provide input into the Commission press releases and press conferences to facilitate such an understanding in the broader community.

The panel would be charged with reviewing the data and reports for medical validity prior to their public dissemination. The panel would maintain the confidentiality of these reports but would, with the Commission, raise the pertinent questions presented by the data. In conjunction with the Commission, the panel might quietly check into some of the outliers to determine if there are any immediately discernible reasons for the aberrances.

The panel's role would then be to make suggestions to the Commission about the questions raised by the data, possible causes given the circumstances, and how this information might best be presented to the public in the form of the report, press release and press conference. The panel would not have a role in writing the reports but rather in presenting information to the Commission which the Commission might choose to utilize in writing the report narrative and press release. A representative of the panel might also be available at the press conferences to answer questions.

We recognize the Colorado Health Data Commission operates under strict legislative controls which dictate how information obtained by the Commission will be released. However, to be meaningful and therefor use-

ful, the process used by the Colorado Health Data Commission should include individuals involved in providing, financing, and using the health care system.

I want to clarify the CMS position:

- o CMS recognizes that the financing of health care is "out of control".
- o The reasons for this problem are complex and involve physicians, hospitals, other providers of health care, the current insurance system, administrators and government as well as patient expectations.
- o There is a need for accurate, timely and meaningful data.*
- o Educational material based on utilization data is needed to provide physicians, other health care providers, insurance companies, administrators and those involved in financing health care and the public an opportunity to maintain a high quality health care system while developing a cost effective health care system.
- o A concerted educational process utilizing these data must be initiated by those involved in the financing, delivery and use of the health care system to achieve the changes necessary to bring the system "under control."
- o Input from the profession, other providers of health care services and those who finance health care should be a part of the reports issued by the Colorado Health Data Commission to make them more meaningful.
- o The public has a right to know what these data show so they can be "smart users" as well as "smart buyers" of health care.
- o The Colorado Medical Society is committed to improving the efficiency and effectiveness of the collection, analysis, and dissemination of data to physicians, other providers of health care, the insurance industry and the public.

* On January 5, 1990, the Board of Directors of the Colorado Medical Society voted to participate in a small area analysis program.

The Colorado Medical Society has a commitment to serve the citizens of Colorado by improving the effectiveness and efficiency of the delivery of health care in the state and we believe the proper use of data will aid us in accomplishing this goal.

Sincerely,

John F. Farrington, M.D.
President
Colorado Medical Society

LEGAL UPDATE:

Note: Federal regulators have proposed that seven additional payment practices be made exempt from the Medicare/Medicaid anti-kickback statute. We are reviewing each proposed "safe harbor" here.

HOSPITAL PAYMENTS TO PHYSICIANS FOR REFERRALS

By SUSAN T. SMITH

It is proposed that payments or benefits to recruit practitioners to an institution's staff will not violate the anti-kickback law if:

- Terms of the arrangement are in writing.
- Payments or benefits last less than three years.
- Institutions do not condition the agreement on the physician's future referrals.
- Physicians are not restricted from establishing staff privileges at other institutions.
- The amount or value of benefits does not vary based on the physician's volume of business at the institution.
- Payments are designed to induce an established physician to relocate, or assist a new physician in starting a practice or specialty following internship or residency.

Regulators believe the last safe harbor "will enable rural hospitals, in particular, to obtain physicians for rural communities."

Attorney Susan T. Smith heads the health care administration department at Pryor, Carney and Johnson, P.C., a 40-attorney Denver law firm that offers a full range of services to health care providers including medical malpractice defense, contract negotiations, Medicare/Medicaid, peer review, medical staff issues and personal legal services.

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Annual Meeting

Educational Program



John F. Mueller, MD
Chairman, Educational Program Committee

The overall objectives of the 1990 Annual Meeting Educational Program are

- 1) to stimulate participant interest and involvement in Colorado Medical Society programs and activities; and
- 2) to apprise participants of the membership benefits derived from the efforts put forth by the councils and committees of the Colorado Medical Society.

Colorado Medical Society is accredited by the Accreditation Council for Continuing Medical Education. The Colorado Medical Society designates the following continuing medical education activities for the listed credit hours in *Category 1* of the *Physician's Recognition Award of the American Medical Association*.

Risk Management Seminars, one hour CME each, will be held on Friday, September 14, as follows:

1:30 p.m. - Pediatrics/Obstetrics

Dr. George Thomasson

Surgery/Emergency Medicine

Dr. Robert Brittain

2:30 p.m. -

Internal Medicine/Subspecialties

Dr. George Thomasson

Orthopedics and Other Surgical Specialties

Dr. Robert Brittain

Upon completion of a risk management session, participants will be better able to 1) identify four specialty specific risk areas; 2) define and give three examples of systems failures specific to that specialty; 3) define and discuss Copic's Participatory Risk Management Program; and 4) explain the most likely reason that patients will seek the advice of an attorney, the two most common reasons that medical malpractice suits are lost, and two reasons why costs of defending physicians in malpractice claims are inflated.

The Educational Program will be held Saturday, September 15, at the Keystone Conference Center. Attendees may select one session, one hour CME each, from each time period:

8:30 - 9:20 a.m. - Medico-Legal Issues: Antitrust

Mr. Kevin Kuhn, Esq.

Montgomery Little Young Campbell & McGrew

Upon completion of this session, participants will be better able to understand the impact of antitrust on their ability to practice medicine in a competitive environment.

8:30 - 9:20 a.m. - Access to Health Care: Medically Indigent

Dr. Donald Parsons

Upon completion of this session, participants will be better able to understand the extent of and reasons for the problems relating to provision of medical care for the indigent and the impact that this has on the health care dollar for the entire population. Participants will be apprised of the various options that are available to meet the problem.

8:30 - 9:20 a.m. - Physician Performance:

Colorado Personalized Education for Physicians Program (CPEPP)

Dr. Patrick Moran

Upon completion of this session, participants will be better informed regarding the methodology involved in identifying, motivating, and evaluating physicians who have demonstrated a need for focused and individualized education.

TOPICS: Access to Health Care, Medico-Legal Issues and Physician Performance

9:20 - 10:10 a.m. - Physician Performance: Peer Review Organizations
Dr. Robert Faraci

Upon completion of this session, participants will be better informed regarding the well-known and time-tested process of the PRO and its threats to physicians which remain a controversial issue. The nuances of the process will be re-visited and the audience updated on its present status.

9:20 - 10:10 a.m. - Access to Health Care: Medicaid Reform
Dr. Anthony J. Makowski

Upon completion of this session, participants will be better able to understand recent developments within the Medicaid Program, technological advances in the program, and changes in philosophy of Medicaid toward physicians.

9:20 - 10:10 a.m. - Medico-Legal Issues: Malpractice
Dr. George O. Thomasson

Upon completion of this session, participants will be better able to recognize the importance of malpractice issues that impact on the patient/physician relationship and quality of care.

10:40 - 11:30 a.m. - Medico-Legal Issues: Contract Negotiation
Dr. John F. Farrington

Upon completion of this session, participants will be better able to understand potential problems involved in certain business relationships arising from participation in managed health care and various forms of alternative delivery systems.

10:40 - 11:30 a.m. - Access to Health Care: National Health Insurance
Dr. Robert McCartney

Upon completion of this session, participants will be better educated in the various proposals that have come forth to improve access to medical care, primarily for the underinsured and uninsured (some 35-50 million in the United States), e.g., the Oregon rationing proposal, the Canadian system, and the AMA's Health Access America program.

10:40 - 11:30 a.m. - Physician Performance: Practice Guidelines
Dr. Boyd Bigelow

Upon completion of this session, participants will be better able to determine the efficacy of the implementation of specialty-specific practice guidelines. The pros and cons of this approach will be discussed and the audience allowed to draw its own conclusions as to its effectiveness.

Brown bag lunches will be provided for the following sessions, 1.5 CME hours each:

11:45 a.m. - 1:30 p.m. - Rocky Flats: A Health Hazard for Colorado - Fact or Fission?
Dr. Ellen Mangione

Upon completion of this session, participants will be better able to evaluate the impact of Rocky Flats on the health of the citizens of Colorado, especially in the metropolitan area.

11:45 a.m. - 1:30 p.m. - Participatory Panel: Rural Health Concerns for Colorado -
Moderator - Dr. Mark Levine
Panel members:

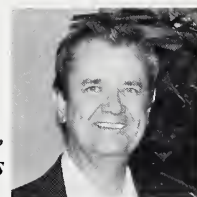
Dr. Eugene Jacobson
Dr. Mary Jean Berg,
Dr. William "Bill" Fogarty, and
Colorado State Senator Sally Hopper,

Upon completion of this session, participants will be better able to identify the health needs of patients in rural Colorado and evaluate proposed ways of meeting those needs.

R

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*John V. Buglewicz, MD, Chairman,
Committee on Medical Care in Correctional Institutions*

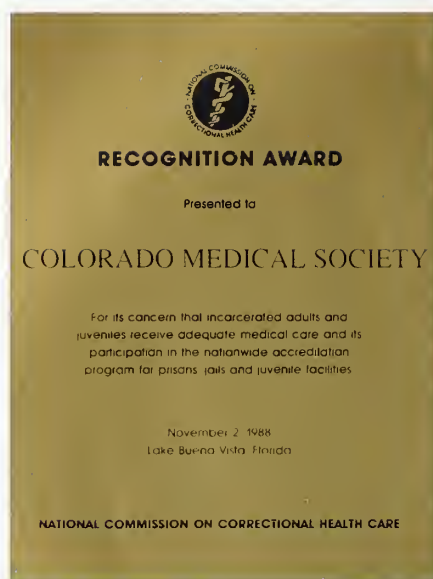


At the House of Delegates general membership meeting, the CMS Colorado Jail Health Care Project will be presenting certificates of recognition to Colorado physicians involved in correctional health care.

Of the approximately 56 county jails in Colorado there are a variety of configurations for the provision of health care to inmate populations. Some jails are lucky enough to have full time nursing and physician care available. Others are visited once or twice a week by providers. Still others utilize an on-call system with providers in the community or the emergency room for any health care needs which arise within the jails.

In all my years as a jail physician when I am asked about the role of correctional health care in Colorado, I recall Dostoyevsky's observation: "The level of civilization can be determined by visiting society's jails." Through the Jail Project, which is now ten years old, Colorado physicians have a vital role to perform.

Despite the many problems associated with correctional health care, I have seen enormous strides made in improving jail health care in Colorado. However, there is a continued need to encourage jails to provide good health care to their inmate populations. There is also great need for more physicians to become involved in correctional health care through a willingness to provide health care services in jail



settings throughout the state.

The Colorado Jail Health Care Project receives Colorado General Fund appropriations through a contract with the Division of Criminal Justice to provide consultation toward the improvement of the correctional health care delivery systems throughout Colorado. This contract has been in existence, renewed yearly, for six years to provide training and accreditation resources to any institution wishing to qualify under the national correctional health care standards program. The CMS administered Colorado Jail Health Care Project has been so successful and well-received that it was recognized in 1988 with an award from the National Commission on Correctional Health Care. The Commission cited Colorado as an example of how state medical societies have been the national program's most important asset.

In Colorado our program is vital

today, much more than when it was begun, because of the AIDS crisis; AIDS is no longer endemic—it has jumped sexual as well as social barriers. The Centers for Disease Control report that tuberculosis is still on the rise among prison and jail inmates. AIDS and TB go hand-in-hand. Where better to breed and spread than in an institution where the population quarters over long periods of time and is then released to the general society? Who better than the physician community to help establish health standards and

see that these standards are adhered to?

We are fortunate that Colorado has become a national model for such a program. This could not have happened if it weren't for those physicians willing to participate and to be involved in the correctional care program.

This year, the Jail Project will be recognizing the contributions of Colorado physicians who provide health care services to inmate populations. A luncheon meeting of the Medical Care in Correctional Institutions committee will follow. All interested physicians are invited to attend. Please RSVP to Ellen Stein at the Medical Society offices, 779-5455 or 1-800-654-5653.

John Buglewicz, MD, is a family physician in Fremont County, Chairman of the Society's Medical Care in Correctional Institutions Committee, and long time jail physician.

Faithful Service

The 120th Annual Meeting of the Colorado Medical Society House of Delegates will honor the following physicians on the anniversary of their graduation from medical school. Congratulations to all of them for many years of faithful service.

50 YEAR CLUB

Olaf W Allison, MD
William C Beaver, MD
Ina Berzins, MD
E James Brady, MD
Howard F Bramley, MD
John W Bricker, MD
Frank C Campbell, MD
William R Coppinger, MD
Richard C Cullen, MD

George H Cufman, MD
William S Curtis, MD
Samuel C Duhon, MD
Thomas H Foley, MD
E Howard Fralick, MD
Henry C Grabow, MD
John J Humm, MD
Hope Lowry, MD
Hugh A MacMillan, MD

Edward S Miller, MD
Jack L Restivo, MD
Montimore C Shwayder, MD
G Paul Smith, MD
Wendell P Stampfli, MD
Robert R Starr, MD
Harold S Tuft, MD
Walter E Vest, MD

40 YEAR CLUB

John R Chamberlin, MD
R Neil Chisholm, MD
Leonard J Farabaugh, MD
Carl Flaxer, MD
John A Fleming, MD
Stanley W Henson, MD
Bernard L Hicks, MD
Harlan B Huskey, MD
Robert L Jardine, MD
Joseph L Kovarik, MD
Leonard A Lewis, MD
George M Lindeman, MD
Arnold B Loken, DO
Robert L McKenna, MD
William J Mellinger, MD
Frits Mijer, MD
Bert Lincoln Pear, MD
Robert L Quimby, MD
John J Sampson, MD
Henry W Toll, MD
Kenneth E Way, MD
Stanley S Weiss, MD
Robert E Wilson, MD

Glenn M Cosh, DO
Frederick V Coville, MD
Richard L Cundy, MD
William B Cutts, MD
William W Dahlberg, MD
Herbert A Davis, MD
Nicholas J DiBella, MD
Stephen Dinenberg, MD
Lawrence P Donahue, MD
David D DuBois, MD
David P Fisher, MD
J Bradley Gibson, MD
Edward J Glasser, MD
Burton P Golub, MD
Thomas B Gottlieb, MD
David E Grayson, MD
Lynn F Greenlee, MD
Mallory T Harling, MD
Charles E Hauser, MD
Kenneth R Henderson, DO
Warren M Hern, MD
Gerald M Hickman, MD
Jan S Hildebrand, MD
Barry Hillmer, MD
Jon M Hogenkamp, MD
Clifford L Hoyle, MD
Thomas C Hoyle, MD
Gerald A Huggins, DO
John M Hutto, MD
Paul B Jones, MD
Roger L Jorgensen, MD
Thomas J Kail, MD
Seymour Katz, MD
Donald L Kellum, MD
M Richard Kem, MD
Jeannie J Kinzie, MD
Patrick W Kosmicki, MD
J Stephen Kroger, MD

James W Lauer, MD
Roger R Lewis, MD
Meng Lai Lim, MD
Barry L Lindenbaum, MD
Bruce D Lippman, MD
Dennis L Lower, MD
Madison J Lucas, MD
Mickey J Mandel, MD
William N Maniatis, MD
James P McElhinney, MD
Lawrence R Menconi, MD
J Brian Miller, MD
Adrian F Newens, MD
Thomas K Norrie, MD
Martin E Nowick, MD
Edward P O'Loughlin, MD
Owen P O'Meara, MD
John J O'Neill, MD
Lynn M Phelps, MD
James B Raybin, MD
Lawrence H Repsher, MD
Amilu S Rothhammer, MD
Jarvis D Ryals, MD
Robert A Sargent, MD
Richard M Sherwin, MD
Ronald D Shippert, MD
James J Simerville, MD
Herbert J Simons, MD
Maurice C Solomon, MD
Amber D Steinsiek, MD
Arthur K Strasburger, MD
Donald R Temple, MD
Richard H Thompson, MD
Jay C Tonne, MD
Paul B Visconti, MD
Neil D Wainwright, MD
Peter L Weingarten, MD
Bert Y Wong, MD
Calvin T F Zen, MD

25 YEAR CLUB

Peter J Adasek, MD
Phillip H Albright, MD
V Michael Barkett, MD
Jan F Baumgardner, MD
John D Bell, MD
N Robert Brethouwer, DO
John W Bristow, MD
Jerome M Buckley, MD
James R Cerasoli, MD
Thomas J Chamberlain, MD

To Buy or Lease Medical Equipment

by Jack Wynn

Few doctors would be surprised to learn that many major hospitals such as Denver General, Penrose Hospital in Colorado Springs and Parkview Episcopal in Pueblo lease a major portion of their high-tech medical diagnostic equipment.

Leasing makes sense because most high-tech medical diagnostic hardware, for example, can be easily upgraded every two or three years to keep pace with new technological advances.

Colorado hospitals also choose leasing because it helps maintain maximum capital reserves and avoids the need to meet increasingly strict bank loan requirements that make big-ticket hardware purchases difficult.

In fact, equipment leasing is one of the fastest growing industries in the American economy, with demand this year for all types of hardware from the CAT scanners to jetliners expected to hit \$131 billion, up from just \$85 billion in 1986 and \$45 billion in 1980.

Equipment leasing demand has also opened a window of opportunity for savvy investors. Wall Street brokers like Paine-Webber, Dean Witter Reynolds and Prudential-Bache have responded to the boom by launching a flurry of limited partnership (LP) equipment leasing funds. The aim is to raise the many billions of dollars needed to buy the capital equipment industry needs to modernize and retool. There are no real inside-track secrets about equipment leasing LPs. Minimum

...*“they can
burn the
unwary.”*

investments range from \$2,000 to \$5,000. The overall risk and the average 13-15 percent annual rate of return is about the same as for most top-rated junk bond funds. The critical difference is that equipment LPs are long-term investments that generate “cash flow” based on rental of hard assets with residual value.

As with most speculative investments, equipment leasing LPs can be highly profitable or they can burn the unwary. Pitfalls include some funds with high management fees and low back-end payoffs when inventories are sold off and final lump sum distributions are made.

Choosing which fund to invest in can be complicated but the task is simplified by a new book titled *“Equipment Leasing Partnerships”*, written by E. F. Cudworth and available from Probus Publishing Co. of Chicago.

Cudworth warns against LPs that specialize in just one type of equipment

or depend on a single customer for more than 30 percent of income. Prospectus scrutiny should also focus on the bottom-line financial commitment of fund managers.

Nancy Schabel, equipment leasing fund analyst for the Stanger Register, the authoritative New Jersey-based publication that monitors every type of LP, said the new Paine-Webber Preferred Yield Fund is an equipment leasing market innovator.

Launched in April, 1990, the fund has already raised more than half of the \$40 million needed to acquire a broad mix of “low tech” and “high tech” hardware — a move aimed at reducing the risk that advancing technology will suddenly wipe out portfolio value.

Schabel pointed out that the Paine-Webber fund manager, Capital Associates Inc. (CAI) of Lakewood, Colorado, will be the largest single investor with a 12.5 percent commitment, and will subordinate returns on its investment to distribution of earnings to limited partners. Investments made by most fund managers usually range from one to four percent.

CAI’s willingness to put its capital at risk along with investors, Schabel said, “is an important first that may set the stage for an industry trend.”

Ed: Jack Wynn is a financial writer based in Washington, D. C., and is a regular assignment contributor to the magazine.



Dr. Balkany Honored For Service to CMS and the Council on Legislation

CMS President John F. Farrington, M.D., presents the CMS "President's Certificate of Appreciation" to Thomas Balkany, M.D., (r) for his service to CMS as a member and Chairman of the Council on Legislation. Dr. Balkany, an Otorhinolaryngologist of Denver, left his practice and 12 years membership in CMS to accept a faculty position at the University of Miami School of Medicine, Department of Otology, Miami, Florida.



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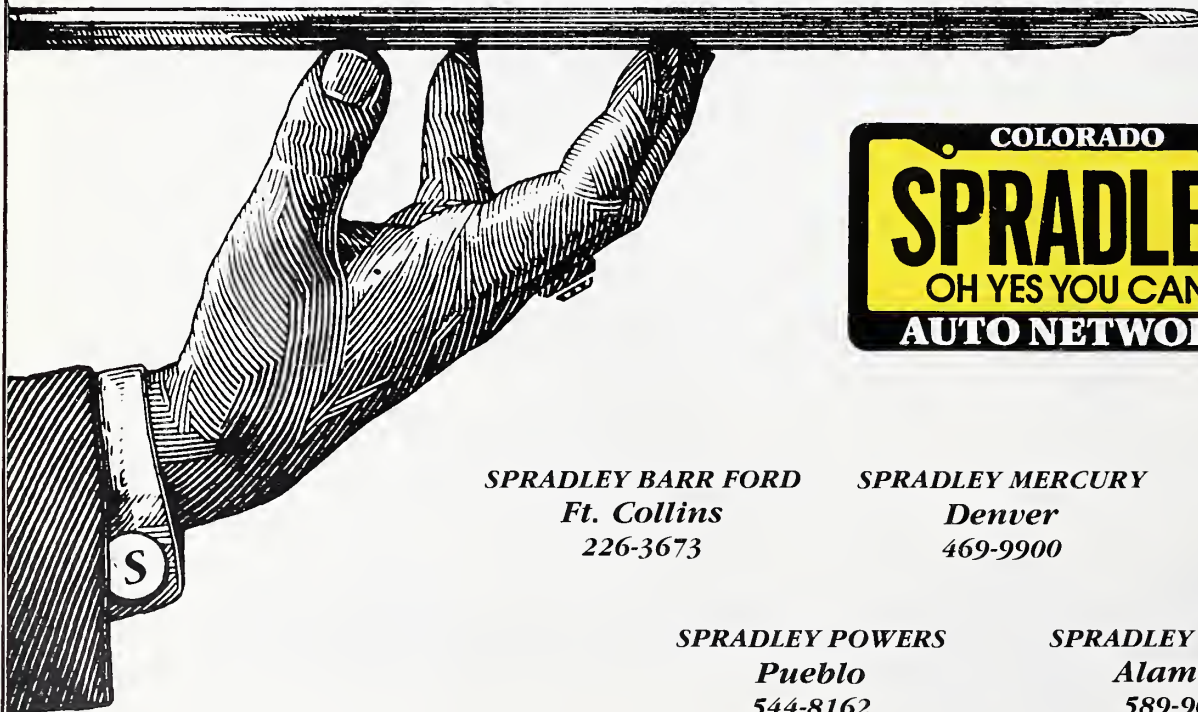
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Exhibits to Open November 16th

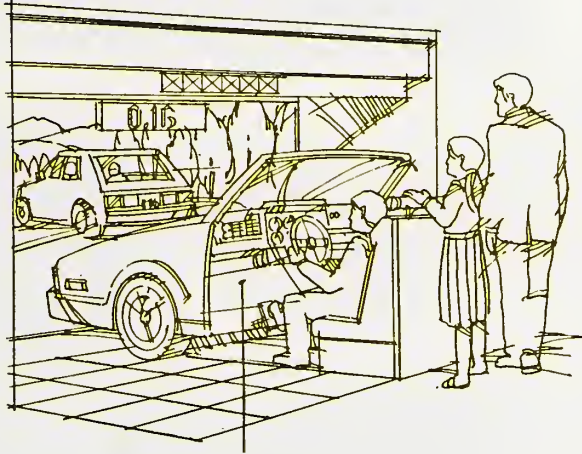
Phase II of the new **Hall of Life**, at the Denver Museum of Natural History, will open to the public November 16, 1990. Areas on Health and Fitness, Nutrition, Stress and Drugs highlight these hands-on interactive exhibits and compliment the first phase which opened its doors in November of 1989. Phase I exhibits focus on How Life Begins, Genetics, Anatomy and The Five Senses.

In this new phase the Life Card (which is used only to activate certain exhibits in Phase I) will be used to also record personal data such as height, weight, blood pressure, pulse and lifestyle information. As visitors leave the hall, they may choose to either receive a printout of their information or join the *Life Club* for a nominal fee (free if you are a museum member).

Life Club participants will receive a quarterly newsletter, discounts on healthy foods and merchandise from local merchants, and the information on their card will be stored and updated during their next visit to the Hall of Life. Participants in the *Life Club* may also receive a printout of their information if they so desire.

Interactive exhibits in the Fitness area show that health and fitness is a life-long pursuit. Special equipment takes blood pressure, measures height and weight, tests pulse rates, grip strength and cardiovascular vascular fitness. In the Nutrition area, visitors learn fascinating facts about the digestive

Substance Use & Abuse



system, participate in a "dining out" experience designed to teach healthy food selection and learn how to grocery shop for nutritional food using a series of unique displays and touch screens.

The Drug area teaches how alcohol, tobacco and other drugs affect the body. The area includes a unique drug display as well as a drunk driving simulator designed to show teen-agers and adults how blood alcohol levels alter a person's ability to drive. In the Stress area, visitors may take a "Stress Test" to identify areas of stress in their lives and they can learn stress reducing techniques through laughter and visualization.

Some interactive exhibits in the new phase have been designed especially with the senior visitor in mind. In the Fitness area, for example, an interactive "Simon Says" game where visitors follow steps on a lighted floor board until they miss a step, increases seniors' awareness of activities within their

capabilities that are fun and can help maintain fitness. Another exhibit allows visitors to saw wood with a simulated hand saw as they compete against a clock to test coordination and fitness ability.

Volunteers are an integral part of the Hall of Life exhibits. They assist visitors, conduct mini classes and demonstrations in the exhibit hall, answer questions about the exhibits and demonstrate at educational booths at fairs such as the *Always Buy Colorado Trade*

Show. Currently, the Hall of Life has a dedicated group of retired, semi-retired and practicing health professionals who enrich the program with their special interests and experiences. But, they need help.

Elizabeth Arend, Volunteer Coordinator for the hall of Life exhibits says, "A six week training course reviewing basic anatomy will begin September 15, 1990 (Saturday from 9 a.m. to 11 a.m.) for the Phase II exhibits and new volunteers are currently being recruited. After completing the six week course, volunteers will be assigned to a veteran volunteer for an additional six weeks of on-the-job training learning about the new exhibits. If anyone is interested in joining the Hall of Life volunteer force, please call 370-8236".

For more information on the Hall of Life Phase II exhibits and the opening event, call Danielle Dascalos at 370-6462.

Mammograms Offered at Reduced Prices

The Colorado Department of Health has announced a special price (\$50) on mammograms in conjunction with Breast Cancer Awareness Month in October. This is made possible by the Colorado Mammography Fund, supported by donations from civic groups, corporations and local businesses. A free screening will also be provided to women who cannot afford one.

In the past two years, when the reduced price mammograms were offered, 22,000 had them. It is hoped that this will help reduce the incidence of death from breast cancer in Colorado. 475 women in the state are expected to die from breast cancer this year, making it the greatest single cause of death for women between 45 and 50 years of age.

Women may apply for the reduced price mammogram by calling the Mammography Hotline at 1-800-955-2627. The Health Department asks physicians to encourage their female patients to call.

Certain Vaccine Injury Claims Must be Filed by October 1, 1990

The National Vaccine Injury Compensation Program can provide payments for persons who have died or suffered an injury associated with certain vaccines. If the injury is from a vaccine administered on or before October 1, 1988 though, the claim must be filed by October 1, 1990. If the vaccine was administered after October 1, 1988, individuals have longer to file the claim.

Vaccines involved in the program are Diphtheria and tetanus toxoids and pertussis vaccine (DTP); Measles, mumps and rubella vaccine; and oral and inactivated polio vaccine. For more information, please contact the National Vaccine Injury Compensation Program, Health Resources and Services Administration, 5600 Fishers Ln #7-90, Rockville, MD 20857. You may call 1-800-338-2382. The program asks your help in informing parents and patients of this program before the deadline. Posters and flyers are available with further details.



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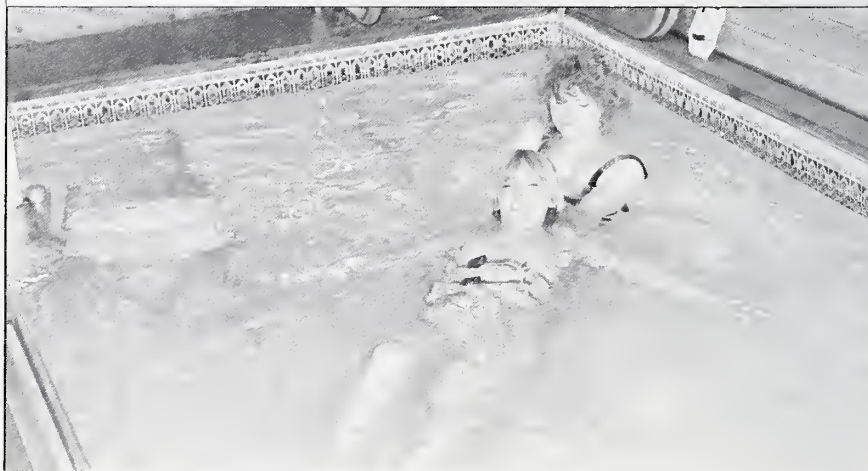
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Arlene L. Mowder, RPT, PC



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Former Governor Richard D. Lamm

Problems and Challenges in Health Care
Colorado State Senator Claire Traylor

Is Medical Care a Limited Right?
Director Stout Street Clinic Mary Gleason

*What Is Driving
the High Cost of Health Care?*
President-Elect C.M.S. Dr. John Sbarbaro

Health Care with Limited Resources
Bert Schireson, CPA

*How the States are Coping: A Review of
Current Plans and Proposals*
Director of Policy and Research, CO Div.
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Practice Management



The Telephone: Servant or Tyrant?—You Decide

*Thanks for holding the line! Mr.
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with more practical tips for taming this
beast.*

by George S. Conomikes

OTHER WAYS TO CONTROL THE PHONE

Perhaps more important to the control of your phone are the following points:

5. Do you encourage unnecessary calls? How? By vague patient communications such as "Call me back in a few days and let me know how you are doing." This encourages the patient to call whether he/she is better or worse; no guidelines.

Try specifics: "If the irritation goes away in three days, then you're improving. If it still bothers you in three days, call me or nurse Jones about 12:00 noon." Then you will eliminate the uncalled for caller, and have more time for your sick patients.

6. Can your nurse handle some calls? Try using a call nurse like the ENT group referred to above, or a modification of their approach. Establish explicit guidelines and review all calls with her.

Types of calls most office nurses are capable of handling are: patient

education; prescription renewals; dealing with certain types of chronic patients; pre-operative patient calls; and post-op calls.

7. Do you give your aides specific guidelines for certain patient calls? Some patient calls could, in many practices, be "fielded" by the telephone receptionist. Examples: certain prescription renewals (with limited dosage); clarification of certain instructions to patients; limited first aid advice for routine cuts and bumps that will later be attended to by the doctor; hospital admission procedures; relatives of patients.

If you decide to do some of these things, by all means have your guidelines and specific instructions written and posted near the telephone receptionist or, if not posted, then in an accessible loose leaf notebook.

Don't rely on her memory.

Do have her review all such patient communications with you religiously at a daily or twice daily "telephone review session".

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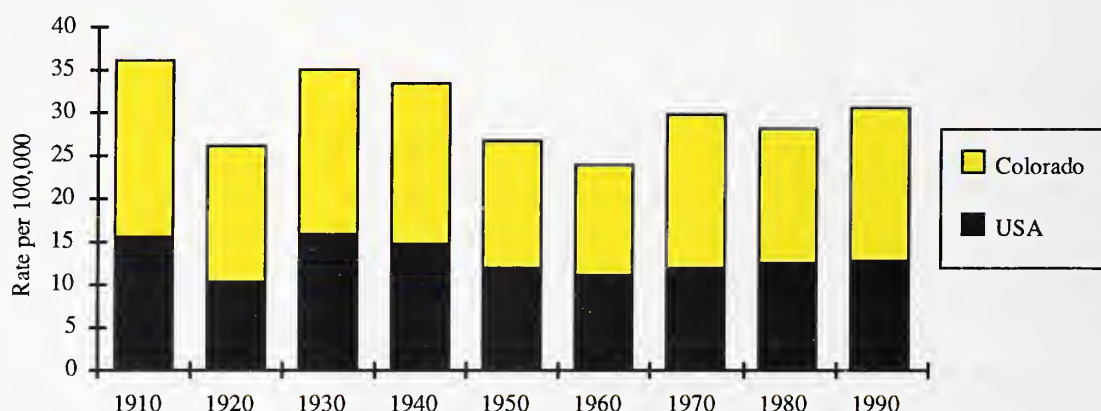
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Suicide Surveillance Project

by Amy Sage

Suicide Rates in Colorado and the United States
1910-1988



Colorado's suicide rate is 16.3 per 100,000 population, exceeding the U.S. rate of 11.7 per 100,000 population. (see fig. 1) As a result, the Colorado Department of Health has started a Suicide Surveillance Project to identify risk factors to try to prevent suicides from occurring.

Suicide accounted for 27.7 percent of all Colorado injury deaths in 1987. Males committed suicide 3.5 times more often than females.

Under the project, which started April 1, the five Denver Metro area coroners (Denver, Adams, Arapahoe, Douglas and Jefferson counties) and the Pueblo County coroner are reporting suicides to the Health Department. They complete a three page suicide data collection form which includes demographic information, how the suicide occurred and the patient's medical and toxicological history.

Lane Cook, director of the Injury Epidemiology Program, says, "As suicides are preventable deaths, it is

important to see if we can identify risk factors to find out why Colorado's rate is so high. We hope to obtain information to help physicians identify persons at increased risk of suicide. We would also like to conduct a case control study comparing information on people who commit suicide and people who die from other causes."

"What little is known about suicides in Colorado is based on information from death certificates," says Cook. "The surveillance project will gather much more detailed information in a standardized manner."

The program is funded for four years with a grant from the Centers for Disease Control, Center for Environmental Health and Injury Control.

According to information collected by the Division of Health Statistics and Vital Records of the Health Department, 561 Coloradans killed themselves in 1987. They varied in age from 16.5 deaths per 100,000 among 15-24 year olds, to 28.4 among Coloradans over

age 65. The highest rate was among males, 65 and older, who committed suicide at a rate of 61.2 deaths per 100,000 population.

The highest number of suicides, however, occurred in persons under age 45. The rate of suicide among teens (15-19) has more than doubled from 1970 through 1986.

Firearms were used in 54% of the suicides in 1987. Motor vehicle exhaust was the second most common method.

Females had 40% more hospital admissions for intentionally self inflicted injuries than males. Hospital days attributed to suicide attempts were 7,244 in 1987, equivalent to 20 hospital beds filled for one year.

The Health Department hopes that by analyzing such things as the patient's background, medical and toxicological history and other potential risk factors, it will help to identify strategies to prevent suicides.

For more information on the project contact Cook at (303) 331-8335.



Committee on Accreditation

At its recent meeting, the Committee recommended that the Council on Profes-

sional Education approve the following accreditation surveys: Colorado Otolaryngology & Maxillo Facial Society—Full, 2 years; North Colorado Medical Center—Full, 3 years; Delta County Memorial Hospital—Full 1 year; Rocky Mountain Hand Surgery Society—Full, 2 years; Human-Aurora Hospital—Full, 2 years.

Council on Professional Education

The Council approved the accreditation survey recommendations from the Committee on Accreditation. A subcommittee was appointed to review input from Council members regarding revision of the mission statement. The Council endorsed the Rocky Mountain Drug Consultation Center project entitled "Practical Therapeutics: 1990—A Western Regional Symposium" and supported a project entitled "Assessment of PDQ as a Model System to Disseminate Information About Effective Therapy".

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Greeley Physician Runs for State Office

*by Michael P. Thompson
Assistant Managing Editor*

Those who attended the speech given by 4th District U.S. Representative Hank Brown (R) at the Interim Meeting will recall his glowing words for one of the candidates for the 50th District seat in the Colorado House of Representatives. Rep. Brown has more than a passing interest in this race. The present holder of the seat, Dick Bond (D) of Greeley is giving it up to run for Congressman Brown's present office in Washington. Rep. Brown is running for the Senate, to fill the seat being vacated by retiring Senator William Armstrong.

Two candidates will be vying for Rep. Bond's House seat. One is Roberto Cordova (D) of Greeley. Mr. Cordova is a professor of Hispanic studies at the University of Northern Colorado (UNC) in Greeley and is known around the state for his work with the League of United Latin American Citizens.

The candidate who received Congressman Brown's high praise, however, was Greeley Urological Surgeon Patrick J. Sullivan, MD (R). Dr. Sullivan has served the Greeley area as a physician for over 21 years, but his interests have not been limited to medicine. He served as president of the Greeley-Evans School Board for four of his six years as part of that body. Rep. Brown also notes that he has been Chief of Staff of the North Colorado Medical Center and has been active in the United Way, the American Cancer Society, and the Greeley Rotary Club, among a number of other organizations. He is a member of the Advisory Board of the UNC School of Business and is a founder of the Greeley Forum which sponsors well known persons to speak

on national and international issues.

Dr. Sullivan has been a member of the Colorado Medical Society for 22 years and served on the Council on Legislation for four years. He is also active in the Weld County Republican party.

Dr. Sullivan has also received the endorsement of Colorado State Senator Terry Considine, who says, "Pat has a unique blend of private and public sector experience that makes him one of the best qualified candidates for the legislature this year — or any year."

Senator Considine also notes that "Pat's service as President of the School District 6 Board qualifies him well for oversight over Colorado's \$1.2 billion education budget — 60 percent of the state's budget. More important, as a doctor and in his community service work Pat Sullivan has demonstrated in the most meaningful way possible his care and concern for the problems."

Perhaps the qualities noted by Senator Considine influenced Dr. Sullivan's selection of issues for the campaign. He names three priorities he has for Colorado. The first is quality education, the second is environmentally responsible economic development and the third is health care. Concerning the last, he told Colorado Medicine that his 29 years in medicine give him something to offer in health leadership at the state level. "I hope to gain the confidence of my fellow legislators on health care issues," he said, "I don't have all the answers at this time but I do have a lot of insight into the problems."

Dr. Sullivan said that he hopes not



only to influence the legislators toward better and more responsible health care policies, but also to serve as an example and focus for physicians to make more impact on their communities, "I would hope that organized medicine in this state would use me as a point person on health care issues, just as the legislature would look to me for guidance on these issues."

Dr. Sullivan does not want to be in this alone, however. He laments the fact that only a few physicians have been active in statewide politics in recent years, "There is not enough participation in the political process by physicians," he says. To find out how to get involved, even a little bit, contact the Governmental Relations Department at the Colorado Medical Society, (303) 779-5455 or 1-800-654-5653.

Dr. Sullivan also served his country as a Captain in the U.S. Army Medical Corps, first at the Fitzsimons Army Medical Center in Denver, then for two years at the 36th Army Evac Hospital in Vung Tau Vietnam.

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The 1990 General Election will be held on Tuesday, November 6, 1990. If you are planning to be out of town, or if there is some other reason why you might not be able to vote on that day, you may use the form below to apply for an official absentee ballot.

To apply, just sign your name where indicated on the above form. Then, detach the form, drop into an envelope, affix a first class stamp and mail. You will receive your official absentee ballot by return mail directly from your county clerk. To cast your vote, just mark your ballot and return it by mail. You will also need to have your completed ballot package notarized before you return it unless you have requested a ballot because you are handicapped or plan to be abroad.

IMPORTANT NOTICE: Please remember that if you complete and mail this application, you cannot change your mind and go to your precinct polling place and vote on Election Day.

This absentee ballot request form has been furnished to you by the Colorado Medical Society and not by your county clerk. In accordance with state law, this form has been reviewed and approved by the Secretary of State's office.



Time To Make A Difference!

Election year politics offer unique opportunities to influence the course of our society. This will be especially true November 6, 1990, when all 65 seats in the House and half of those in the Senate will come up for election. A little influence can go a long way with the right candidate. Colorado Medical Political Action Committee (COMPAC) knows just how that can be done. You owe it to yourself and your profession to get involved.

Remember to vote November 6! If you will be out of town, fill out and mail the absentee ballot request form (found in this issue) immediately!

Fill out, clip and mail this form to:

Colorado Medical Political Action Committee
PO Box 17550
Denver, CO 80217-0550

or Phone (303) 779-5455 or 1-800-654-5653 for more details

☐ **YES!** I Want To Join!

☐ Please Tell Me More

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City: _____ State: _____ Zip: _____

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Medicare Mandatory Claims Filing Begins September 1

by Lynne Northcutt, Program Manager

Beginning September 1, 1990 all providers of Medicare Part B services and supplies will be required to submit claims for covered services to Medicare on behalf of their patients. This regulation affects both participating and non-participating providers.

Also, as of September 1, all claims must be submitted on a HCFA 1500 (1/84) form. The 1500 form must be completed including itemization of charges. "Superbills" and other "charge slips" can no longer be attached to the 1500 in lieu of completing the form. Although providers are encouraged to obtain an adequate supply of the HCFA 1500 (1/84) forms, stockpiling large quantities is not recommended. This form is currently being revised and the new format may be implemented within the next year.

Those physicians who have not been filing claims for their Medicare patients may need to make some adjustments in their office procedures.

1. Explain to the patients that you will be filing their Medicare claims for them. The Colorado Medical Society (CMS) also recommends stamping the patient's copy with the statement "Physician will file claim to Medicare".
2. Two claims will still need to be filed when assigned and non-assigned services are being rendered on the same day. For example, in-office clinical laboratory services will need to be filed

"accept assignment" on a claim separate from non-assigned office visits.

3. Patient responsibility for payment of non-assigned services remains unchanged. Medicare will still make payment to the patient who is responsible for total charges. The provider will collect payment from the patient as in the past.
4. Although timely filing remains at one year from the date of service, physicians are encouraged to file their claims as soon as possible to avoid causing financial hardship for their patients. Submitting claims as soon as possible will also help alleviate the risk of the patient submitting their copy first and causing Medicare to question your compliance with this regulation.
5. If possible, let your patients know when you anticipate filing their claims. If they have not received

payment within 30 days of that date they can call Medicare to check the claim's status. You may need to remind them that the Privacy Act prohibits releasing information to the provider when the claim is non-assigned.

HCFA has instructed the Carriers to monitor provider compliance with this new regulation. Initially, providers will receive an "educational" letter or phone call if more than ten of their claims are submitted by patients in a given month. Patient complaints may also be cause for contact by the Carrier. After the phase-in period, providers may be subject to a \$2,000 fine for each violation.

CMS members may obtain free written instructions for completing the HCFA 1500 form by contacting Debbie Jones at CMS. Debbie can be contacted by calling either (303) 779-5455 or 1-

The Medicare Carrier has provided the following list of vendors who carry the HCFA 1500 (1/84) forms:

American Medical Association

P.O. Box 10946
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1-800-621-8335

Professional Office Services, Inc.

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In Memory

James J. DeRoos, MD of Denver, died January 29, 1990
A. J. Kafka, MD of Prescott, AZ, died February 18, 1990
Julius L. Rosenbloom, MD of Pueblo, died March 8, 1990
Lawrence E. Berg, MD of Englewood, died March 8, 1990
Ivan W. Philpott, MD of Denver, died March 28, 1990
Ralph M. Ramey, Jr., MD of Colorado Springs, died April 29, 1990
Gordon B. Butler, MD of Kerrville, TX, died April 29, 1990
Charles R. Rayburn, Jr., MD of La Junta, died May 11, 1990
Gerald H. Hooper, DO of Denver, died June 6, 1990
William W. Abrams, MD of Denver, died June 13, 1990
B. Thomas McMahon, MD of Denver, died June 17, 1990
J. Philip Clarke, MD of Denver, died June 20, 1990
Harold J. Hepner, MD of Denver, died June 26, 1990
Dale W. Hayhurst, MD of Pueblo, died July 1, 1990
John W. Gardner, MD of Pueblo, died July 12, 1990
Ann E. Freeman, MD of Boulder, died July 13, 1990
Vernon K. Anderl, MD of Denver, died July 23, 1990



“Hold Harmless” Agreements — Revisited

We have alerted you in the past to the potential dangers inherent in signing contracts (HMOs, PPOs, etc.) which include “Hold Harmless” provisions in their language. It is apparent that many such entities are once again including such provisions, hence it is important to point out the pitfalls, once again.

The scenario: Dr A cares for patient Doe, who is covered for health needs by Managed Care Organization M. During the course of illness, Doe experiences an adverse event which produces some degree of long term disability, and Doe brings a medical malpractice action against Dr. A *and* against M (the HMO). A jury finds that Doe’s injuries were due to negligence and awards \$100,000 — 75% against Dr. A and 25% against M (for unduly restrictive policies regarding testing, consultation and transfer).

The bad news: Following an unsuccessful appeal, Dr. A receives a bill from the HMO for the \$25,000 judgment against it *and* for the \$30,223 it spent in its portion of the unsuccessful defense and appeal. Dr. A quickly consults with his private attorney, who points out to him the “Hold Harmless” language in the HMO contract he signed on agreeing to provide care to the HMO’s patients. The lawyer advises Dr. A to pay the \$50,000+, since his signature on the contract makes him obligated to do so.

The worst news: Upon receiving the previous “bad news”, Dr. A calls his malpractice insurer—only to be told that his insurance contract specifically excludes contractual liability assumed on behalf of another party. The malpractice carrier has paid for Dr. A’s defense, the \$75,000 judgment against him (and the statutory interest added by the court — about \$20,000), but the carrier declines payment of the contractually assumed obligations of Dr. A. Attached to the company’s declination letter were several previously published articles alerting Colorado physicians to the risks of “Hold Harmless” agreements.

The Moral: We at Copic strongly urge some sort of consultation before you sign such agreements — with anyone. Consult with your personal attorney, call our Underwriting department, do whatever you wish, but **PLEASE** get a second opinion before you sign any such agreements. We don’t need any more Dr. A type stories in Colorado!

One More Copic Policy Enhancement Copic Changes Part Time Rates Effective 9/1/90

Effective 9/1/90 Copic announces a change in part time rates as follows:

Number of hours worked per week	Part time rate
More than 25 hours	100% of rate
21-25 hours	75% of rate
16-20 hours	50% of rate
15 hours or less	25% of rate

When determining your number of hours worked per week, your calculation should include the following:

1. All office time including actual patient contact, charting time, consultations, etc.
2. All operating room time.
3. All emergency room time.
4. All on call time.
5. All hospital rounds time.

In making this calculation, it is acceptable to take an average based on the latest three month period.

We are pleased to offer you yet another policy enhancement. It is our hope that this change will be of benefit to those physicians who, for various reasons, elect not to practice full time.

from front section...

dangers exist in a wide range of property, an environmental audit can help a buyer avoid or minimize the hazards hidden in a "great investment."

Qualified Plan Amendments

All qualified pension and profit sharing plans must be amended to comply with the Tax Reform act of 1986 on or before the last day of the first plan year beginning after December 31, 1990. For a calendar year plan, the deadline is December 31, 1991. For a fiscal year plan with a year end of May 31, the deadline would be May 31, 1992.

Generally, the cost of amending a plan may be significantly reduced by adopting a Regional Prototype Plan. The cost savings result from reduced practitioner time in preparing the amended plan and from the reduction or elimination of Internal Revenue Service user fees.

For more information regarding Regional Prototype Plans and the amendment process, contact your attorney, certified public accountant or plan administration firm, or contact Mike Panis at Montgomery Little Young Campbell and McGrew, PC, at (303) 773-8100.

AMA Dues Billing

The Colorado Medical Society (CMS) has entered into a cooperative billing arrangement with the American Medical Association (AMA). Beginning with the 1991 dues billing statement, there will be an item for **AMA dues**.

CMS *recommends* membership in the AMA, however this is **not required**. Paying the AMA dues amount is strictly optional and is provided only as a service to those who wish to belong to both organizations. It is hoped that by eliminating duplication of billing and payment, both organizations and their members may benefit from increased efficiency.

Please phone CMS Membership Services for more information at (303) 779-5455 or 1-800-654-5653, ext. 416.

Copic "Raps" with Defendants

It is doubtful that Young M.C. or 2-Live-Crew will attend but many physicians who are defendants in malpractice lawsuits are expected to turn up. The occasion is a "Defendants' Rap Session" on October 1, sponsored by the Copic Insurance Company.

The suggestion came from Dr. Fred Lewis and gained impetus from a recent mini-symposium on the personal ordeal of being a defendant in a malpractice suit. The symposium was featured in the June, 1990 issue of Copic Topics.

Nancy Ashbach, MD, Medical Director for Prudential Insurance Company, was one of the former defendant participants in the mini-symposium. She will be a facilitator for the Rap Session. James S. Ogsbury, MD and Charles Dafoe, MD will also serve as facilitators. Jacqueline Soter, Executive Director of the Colorado Physicians Health Program and a Roger Johnson, MD, LLB, a defense attorney who specializes in malpractice suits will also take part.

Physicians attending the Rap Session may expect to talk about the anger, the fear, the frustration, and the effects on the family of a malpractice suit. They will deal with the way every patient begins to look like a lawsuit about to happen and how to cope with the friends who begin to duck around the corner when they see you coming.

Pete Morstad, Copic Vice President for Communications, says the Rap Session will "be unstructured and will encourage frank dialogue among the physician defendants." Physicians may register by calling Pat Schultz, Copic Director of Marketing and Professional Relations, at (303) 930-0482.

URGENT LATE NOTE

You will find, on pg. 265 of this issue, a form to request an absentee ballot for the 1990 General Election, November 6th. Where the form asks you to enter your "Registered Address" please provide the mailing address where you want the absentee ballot to be sent—probably not your residence if you're absent.

CMS Med Fax

Colorado Medical Society provides the following listings of events as a member service only. Some events are approved for Continuing Medical Education credits. Information is provided by the sponsoring organizations. For more details, use the telephone contact at the end of the listing.

The Denver STD Prevention and Training Center

HIV Clinician's Update

University of Colorado/Denison Auditorium

September 7, 8, 1990

Teri Anderson (303) 893-7191

The Oxford Institute Network of Care

Addictions Conference

Hilton Head Island, SC

September 8-11, 1990

Virginia Blegun, (313) 628-0500

American College of Physician Executives

Physician in Management I & II

Newport Beach, CA

September 10-14, 1990

ACPE, (813) 287-2000

American College of Physician Executives

Chiefs of Service/Department Chair Program

Newport Beach, CA

September 10-14, 1990

ACPE, (813) 287-2000

American College of Physician Executives

Career Options

Newport Beach, CA

September 15, 1990

ACPE, (813) 287-2000

Colorado Safety Association

Rocky Mountain Health & Safety Conference

John Q. Hammons Convention Center, Denver

September 26-28, 1990

Melodye Turek, (303) 297-2111

University of Colorado School of Medicine

(with funding from Humanists of Colorado, Inc.)

Affordable Health Care (9 hours CME credit)

Denver Marriott-City Center

October 4, 1990

Susan Gifford Voight (303) 759-1002

American College of Physician Executives

Physician in Transition

Topeka, KS

October 7-12, 1990

ACPE, (813) 287-2000

Denver Disease Council

STD Clinicians' Update

University of Colorado/Denison Auditorium

October 12, 13, 1990

Teri Anderson (303) 893-7191

American College of Physician Executives

Physician in Management I & II

Nashville, TN

October 15-19, 1990

ACPE, (813) 287-2000

Colorado Department of Health

Colorado AIDS Fraud Conference

Radisson Hotel-Aurora

October 18, 1990

Patti Klocker, (303) 331-8250

American College of Physician Executives

Career Options

Chicago, IL

October 20, 1990

ACPE, (813) 287-2000

Colorado Child Fatality Review Committee

(with support from Colorado Medical Society)

Designing A Better Response: Child Death in the 90s

Children's Hospital Conference Center

October 26, 1990

Jessica White (303) 861-6945

American College of Utilization Review Physicians

Establishing Clinical Practice Standards in the 90's—A

Measurement Monitoring in Quality Outcome

San Francisco

October 26-28, 1990

Janelle Miller, RN, BSN (813) 497-3340

Colorado Gerontological Society

Medicare, Medicaid and Medigap Insurance Made

Simple

Writer's Manor, Denver

November 7, 1990

Susan Hellman, (303) 333-3482



Colorado Medicine

October, 1990

Volume 87, Number 10

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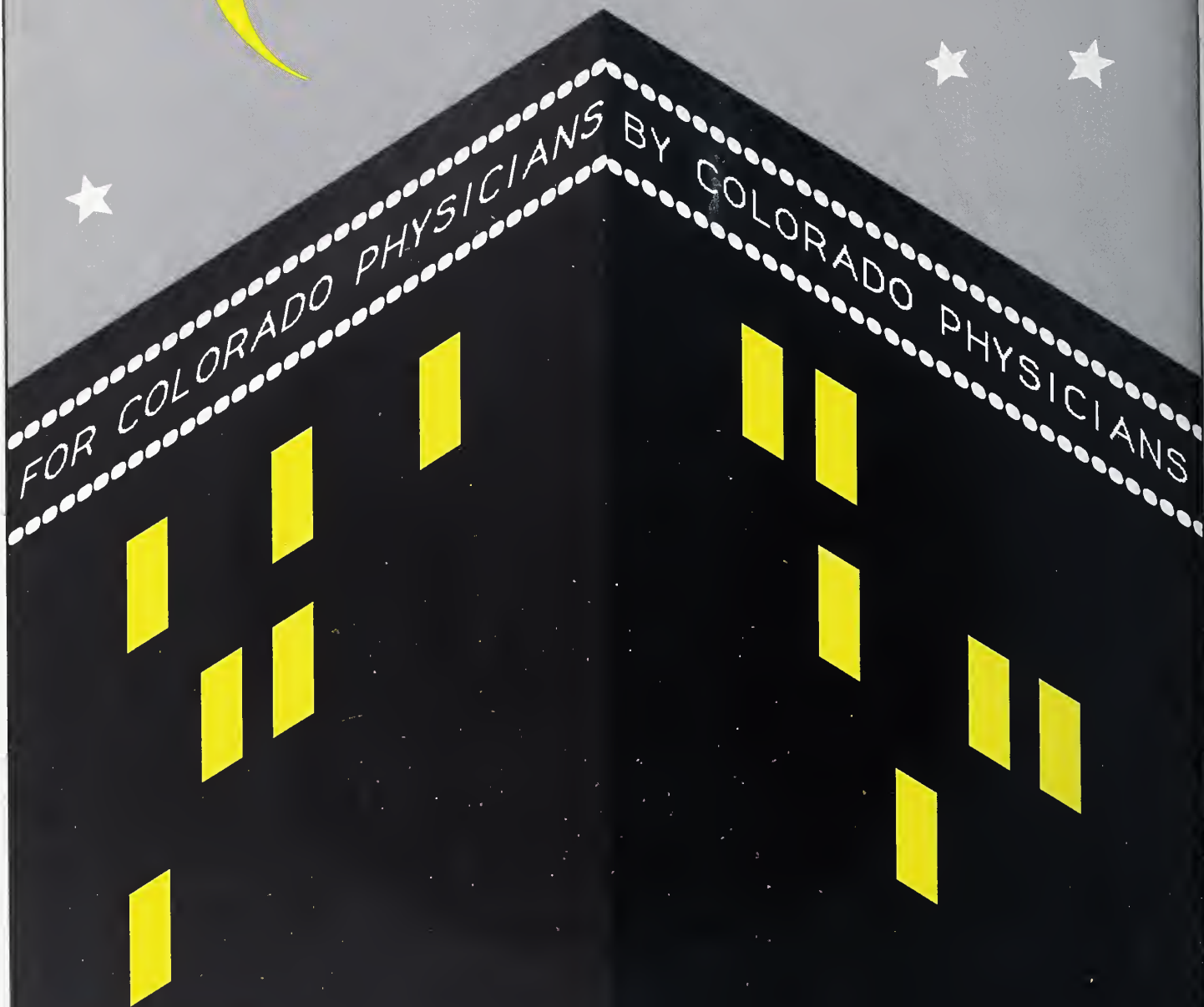
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CMS Med Fax[®]

AT PRESS TIME...

...a compilation of medically-related news briefs of immediate interest to the physician community occurring after **COLORADO MEDICINE** has gone to press.

CMS Med Fax[®]

by Montgomery Little Young Campbell and McGrew, P.C.

legal counsel to the Colorado Medical Society



Grand Opening—Phase II

An Athlete's View. ...of "performance-enhancing drugs" will be featured at the opening celebration of the Hall of Life Phase II Exhibits November 15, 1990.

Keynote speaker will be **Bobby Hayes**, former member of the **Dallas Cowboys** and **Olympic Gold Medal** winner in track. Bobby Hayes was named the "Most Outstanding Athlete of the Decade" in the 1970s when he was believed to be the fastest runner alive.

The evening's celebration will begin with a reception at 6:00 p.m., and the program at 7:00 p.m. Attendees must have reservations. For ticket and reservation information, call the Denver Museum of Natural History, (303) 322-7009.

The opening of Phase II Exhibits marks a major milestone in the growth of the Hall of Life health education center at the Denver Museum of Natural History. Upon completion of the variety of interactive health exhibits, the Hall of Life will be the largest health education facility between Chicago and the west coast. Phase II exhibits deal with drug and substance abuse, stress, nutrition and fitness. Visitors to the Hall of Life complex will be able to see their own stress- or substance-induced reactions in realistic daily situations, such as driving an automobile, simple acts such as walking, operating machinery, using tools, computers, etc. in the new-age exhibits.

In addition to keynoter Bobby Hayes, other well-known athletes will be on hand to address the topic of **"The Use of Performance Enhancing Drugs in Athletic Competition"**. They include Jenny Stone, Head Athletic Trainer of Sports Medicine at the U. S. Olympic Training Center, Connie Stone, former Olympian and athlete-representative to the U. S. Olympic Committee,

and Davis Phinney, Hank Kashiwa and George Dicarlo, former Olympians and active athletes.

The Colorado Medical Society Auxiliary has been a major supporter of the Hall of Life for the past decade through a scholarship funding program and participation in many of the "better health" events through the Hall of Life and its outreach programs. This fall celebration is the Hall of Life's principal fund-raising event, and this

Model Fee Schedule Published

by Lynne Northcutt, Program Manager

On September 4, 1990 the Health Care Financing Administration (HCFA) published in the "Federal Register" a preliminary copy of the model fee schedule. This fee schedule contains relative values for about 1,400 procedures. When completed, approximately 7,000 procedures will have established values.

Before the final fee schedule can be established, numerous issues, many of them major, will need to be resolved. As these issues are addressed, it is expected that changes to the model fee schedule will be considerable. Comments on these issues are being solicited by HCFA. The deadline for this comment period is 5 p.m., November 3, 1990. The Colorado Medical Society (CMS) has prepared a summary of these issues which members can obtain by contacting Debbie Jones at 779-5455 or 1-800-654-5653.

Mail comments to HCFA at the address below. We would also appreciate receiving a copy of your comments at CMS. They can be sent to the attention of Lynne Northcutt, P.O. Box 17550, Denver, Colorado, 80217-0550.

Health Care Financing Administration Department of Health and Human Services Attention: BPD-699-NC P.O. Box 26676 Baltimore, Maryland 21207

*by John R. Riley, Esq.
Associate with the firm of Montgomery Little Young
Campbell & McGrew, P.C.
attorneys to the Colorado Medical Society*

This column is not legal advice, but is for general information only. For help with specific problems, readers should consult an attorney.

RIGHT TO DIE

Situation: Your seventy year old father has suffered a stroke. He is brought to the local hospital and is put on a life support system. A week later he is still using a respirator and being fed intravenously. The doctors tell you that it is unlikely that he will recover.

The Tough Question: Should the life support system be disconnected? If yes, does the treating physician make that decision or do you, his only child, decide whether or not the life support system should be continued?

The Answer: If your father had the foresight to envision himself lying in a hospital room with tubes hooked up to him to keep him alive, he can make the decision whether or not to terminate a life support system. A living will may state whether or not a life support system can be terminated for that individual. As long as a person executes the living will while that person is competent, a living will may express whether extraordinary means can be taken to keep a person alive.

In New York, the legislature recently passed legislation to authorize a competent adult to appoint an agent to make health care decisions on his behalf in the event that he should become incompetent. Therefore, New York allows a person to appoint another adult, i.e. a family member, to decide whether a life support system can be discontinued.

Doctor Is Liable For Blood Transfusions Which Cause AIDS

Is a doctor who causes a patient to undergo a blood transfusion liable if that patient contracts Acquired Immune Deficiency Syndrome from the transfusion? A federal district court in Rhode Island says yes.

In 1983, a surgeon performed a tonsillectomy on a five year old boy. After hemostasis was made, the boy began to bleed so extensively that blood transfusions were required. The boy contracted AIDS from the transfusions. The court concluded that the physician's negligence caused the boy to contract AIDS because the boy would not have needed the transfusions in the absence of the physician's negligence. Although blood tests for the presence of AIDS were not available until 1985, the court found that it was foreseeable in 1983 that blood transfusions might cause AIDS.

Statements Made During Court Ordered Treatment May Not Later Be Used Against That Person

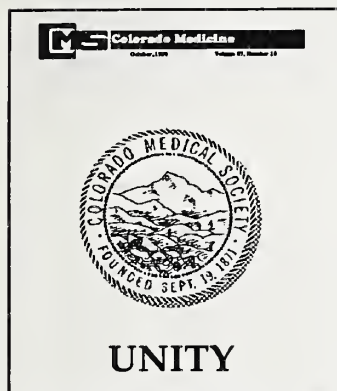
Can a statement made by a convicted criminal in a court-ordered counseling program be used against him during sentencing? The Ninth Circuit says no.

A man was convicted of rape and committed to a state hospital's sexual psychopath program. During therapy, the man confessed to committing additional crimes and deviant behavior after being assured that the information he revealed would not be disclosed. The state hospital returned the man to court with a report detailing his confessions and statements. The Ninth Circuit held that where a defendant's admissions and confessions are obtained during court ordered treatment, the defendant may properly claim the protection of the privilege against self-incrimination.

When Is An Injury Known?

Is an injury "known" for the purposes of the statute of limitations when a person knows he is injured or when the person knows the cause of the injury? A Florida court has ruled that a person knows of an injury or a negligent act when he is injured.

continued inside back cover...



Cover Story

We must overcome the "FTF" (Feline Trainability Factor) before organized medicine can be effectively unified. See page 284 for details.

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William S. Pierson, Managing Editor., Michael Thompson, Ass't. Managing Editor

John A. Sbarbaro, MD, MPH
President, Colorado Medical Society
1990-1991



HERDING CATS!

The Great Seal of the Colorado Medical Society graces the cover of this month's Colorado Medicine - supported by the single word "Unity". Hopefully the message is clear. A few of you may remember (no doubt, far fewer of you care!) that it has been tradition for the cover of the October issue to feature a portrait of the Society's newly elected President - perhaps to proclaim the President's perceived role as a leader within our physician community. But as we all know, NO ONE leads physicians. It truly is far easier to "herd cats".

The fact is, physicians are trained to challenge leadership and to think independently. For at least 15 years, from high school through residency, we are expected to rely upon our own intelligence and intuitive perception to feel confident and capable of making an individual "independent judgement" on the care of "our" patient. Anecdotally, each of us can recall with pride that patient whose life we saved because we held fast to the right diagnosis and the right therapy despite the opposing views and opinions of our teachers and colleagues. It is our confidence in, and our capacity for, making an "independent judgement" that is the strength and the essential core of our profession. It is the basis for the "art" of medicine - that immeasurable ability of a physician to first recognize, and then to blend the mental, emotional and social aspects of a patient's life with the physical components of his or her disease and then to tailor the therapeutic regimen to the unique needs of the whole person.

"...bickering over bones while the essence . . . is stolen away."

Unfortunately the strength of our profession is also its greatest weakness. Our confidence in making an independent medical judgement spills over into all aspects of our life - and prevents us from acting in concert for the benefit of our profession; and therefore in the long run, for the benefit of our patients.

As a profession we seem incapable of reaching a unified position - not only on financial issues but far more importantly, on philosophical, social, educational, ethical and health policy issues. We are so used to disagreeing and competing with each other (and enjoying it!) that we have become willing compatriots with those hospitals, institutions and organizations that would turn our profession into a trade. We have been so focused on the reimbursement and financial aspects of medical care, that we fail to recognize that the real assault is on the heart of our profession - the freedom of physicians to make fully independent judgements on behalf of their patients.

It is to the benefit of those that wish to direct physician behavior - and thus forever change the patient/physician relationship - to keep us fighting amongst ourselves, bickering over bones while the essence of the profession is stolen away. Seems to me that when two stags fight to the death, only the wolves win; and when doctors fight

with doctors, only doctors lose.

There is much truth in the often repeated cliché - those who do not learn from history are doomed to repeat it. Unfortunately, physicians are so busy trying to keep up with the future that they seldom have the opportunity to look to the past.

It was the recognition of physicians of earlier decades that only unified concerted action by a physician community, based in science and dedicated to high principles, could insure the continued existence of the third of the three "learned professions" - a privileged class to whom much is given but from whom much is expected. Medical Societies were established as the mechanism by which physicians of diverse training, skills and interests could reach unified action. They still are. Our organizational structure is designed to facilitate fiercely independent individuals to fiercely debate, yet remain friends and colleagues; to permit each physician to contribute to the development of a majority consensus on social and community issues, yet not "lose face".

Specialty societies, because their interests are allowed to be more narrow in scope, frequently reach a unified position more quickly - rightfully representing the concerns of that specialty. The Colorado Medical Society must balance the needs and desires of all specialty interests and therefore often requires more time to reach a consensus, especially when highly emotional community and social issues are under debate. Future communication between physician organizations is essential because opposing public positions by two associations of physicians neutralizes both, benefits neither, and as has been

Presidents's Letter

(Continued)

repeatedly demonstrated at the national level, at the state level, and in the media, can damage all. What is intriguing, or perhaps foolish (or perhaps even stupid), is that in most cases, the same physician is a member of the two opposing medical organizations! Talk about neutralizing one's self! (There are more vivid animal husbandry terms for the same action)

Over the past 25 years, I have had the unique opportunity to work in the private sector, the public sector and the academic sector of Colorado medicine. There is absolutely no question that physicians in all three areas are deeply committed to principles of the highest standards of patient care, and all are equally outraged at the increasing inroads being made on their ability to make an "independent judgement" on what is best for their patient. Once "independent judgement" is lost in any sector of medicine it is lost for all - and so is the profession.

Medicine is under assault as never before, and more negatives forces are gathering. Instead of a leadership portrait, the CMS Seal is on the cover to emphasize that among physicians, leadership is not a one man show - leadership is us!

More than ever, physician unity **must** be achieved.

To enhance the potential for communication, for rational consensus, for a united stand on social issues, should we as the Colorado Medical Society offer our meeting space free of charge to all specialty associations? Should we encourage specialty societies to sub-lease their office space from the Colorado Medical Society - thus putting physician leadership in close talking proximity?

Should we provide space in Colorado Medicine for specialty organizations to reduce their cost of communicating with their membership? Can salaried society/association executives and lobbyists, who reflect so well the independent spirit of the physicians they represent, work in concert so that all can win? I don't know - but it sure would be fun to find out!



Time to Make A Difference!

Election year politics offer unique opportunities to influence the course of our society. This is especially true this year, when all 65 seats in the House and half of those in the Senate will come up for election. A little influence can go a long way with just the right candidate. Colorado Medical Political Action Committee (COMPAC) knows just how that can be done. You owe it to yourself, your profession and especially to your patients to get involved.

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Ducking "Things" Gives MD Time Needed for Patients

by George S. Conomikes

How many hours a week do you work? Most physicians work too hard and too long.

Work weeks of 60-70-80-90 hours are the rule. But the number of hours you can devote to actual patient contact seems to become harder and harder to come by.

"Things" keep getting between you and the patient. These "things" are the non-medical requirements of being a practicing physician.

Non-hands-on tasks facing the physician are listed, roughly, in descending order of time involvement: Telephone, Administration, Committee work, Record-keeping, dictation, Professional reading, Travel (hospitals, office), Delays at the office, Consultation, Detail people, Personal (what's that?).

For many physicians these items account for roughly 50% of your working time.

So, if you work 60 hours a week, you're lucky if you are with patients—at the office and in hospital contact—for 30 of those hard hours.

Dr. Addis C. Costello, Milwaukee based internist, and past president of the Wisconsin Society of Internal Medicine, works hard. He decided to study his time usage. In the early 1970's using a stopwatch, he recorded his activities. His findings confirm my own studies of many primary physicians:

I worked 331 days out of 365. Some were "short" days; most were long. They all added up to about 3,000 hours of work in one year.

I answered 4,850 telephone calls (about 15 per day) — which took about 257 hours—for advice and treatment.

Insurance forms, epilepsy forms, Girl Scout forms, Boy Scout forms, college forms, teacher's certificates, etc., — required 500 hours.

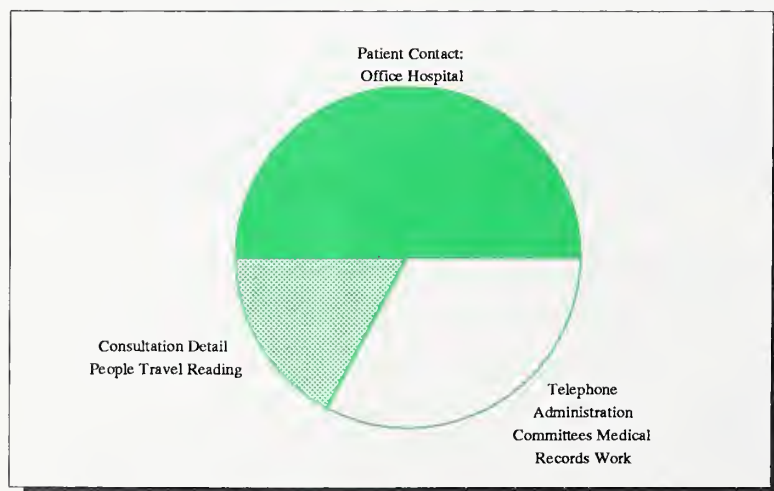
Hospital committee meetings—108 hours; departmental meetings—36 hours; medical society meetings—20 hours.

Therefore, these three activities—telephone calls with patients and physicians, forms work and meetings—were approximately *one third* of the 3,000 hours I worked in 1970.

Dr. Costello terms this *non-hands-on time* "of and about the patient" and "not with" the patient.

If you add: medical records work, other administrative tasks, reading, consultation, detail men, travel and delays to Dr. Costello's figures, tack on 15-20% of your time to his 33%. Result: non-hands-on time = 50%.

In my columns, if I can show you how to cut down on your non-hands-on problems, because they frustrate you so much, and if I can help you pick up *more* hands-on time, you'll gain at both ends.



Next Month:

Do Routine Work Routinely
A Trained Employee for Forms
More Letter Efficiency



Physician Labs are Targeted for Federal Regulation

by Judy Donaldson, Laboratory Training Coordinator
and Amy Sage, Information Specialist

All services or practices testing any human specimens will be affected by recent federal legislation. This includes an estimated 3,000 to 6,000 sites in Colorado that come under the proposed regulations with the majority being in physician office or clinic settings. This will include physician office laboratories that perform only simple tests such as urine dipsticks or whole blood glucose. Other newly affected sites will include cholesterol and mobile screening services including many sponsored by public health agencies.

The Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) were passed by both the House and Senate and signed into federal law in October of that year. The Act outlines broad areas of requirements for all laboratory sites. It will be illegal to conduct any laboratory tests without a certificate when these regulations are finalized. Those that do will be subject to stiff penalties and fines, and will be forced to cease operation for at least one year.

The development and enforcement of detailed rules and regulations was assigned to the Health Care Financing Administration (HCFA) with the Department of Health and Human Services (DHHS). During this past

summer, following required protocol, HCFA published these proposed regulations for comment. And comment they have. By the end of August, more than 20,000 letters of comment had been received by HCFA headquarters.

Why all the concern? It is estimated that perhaps a quarter million previously unregulated sites nationally will now be affected.

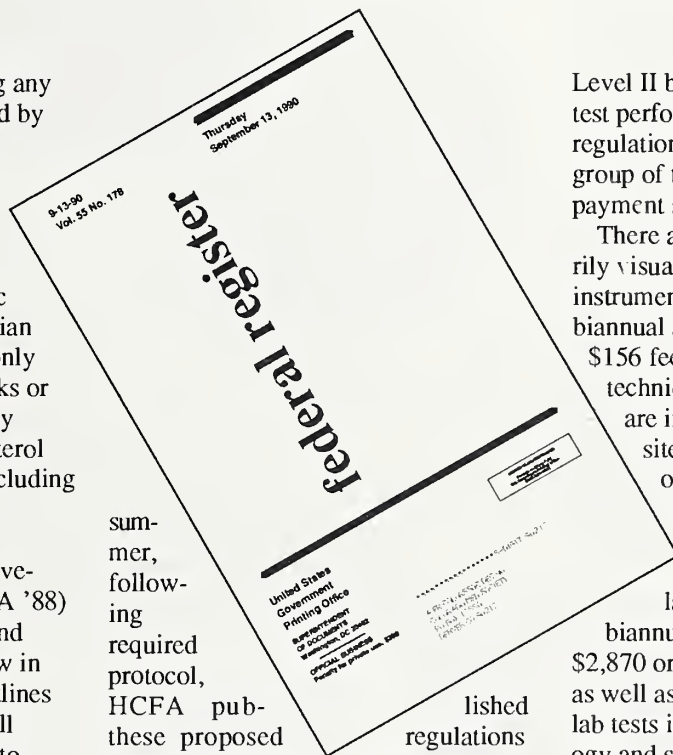
The basic premise of the proposed regulations is to be "complexity based" and "site neutral". The proposed regulations group laboratory tests into three groups: waived, Level I and

Level II based on technical difficulty of test performance. The same level of regulation is proposed within each group of tests regardless of site or payment source.

There are 17 waived tests, primarily visually interpreted without instrumentation, which will require biannual application and payment of a \$156 fee to HCFA. No specific technical or personnel requirements are imposed for waivers but the site must be open to inspections of compliance or to determine that only "waived" tests are conducted.

Level I and Level II laboratories will be subject to biannual fees ranging from \$840 to \$2,870 or more (dependent on volumes) as well as on-site inspections. Level I lab tests include 11 chemistry, hematology and screening bacteriology exams. Level II tests are proposed to be all others not listed in the 28 named waived or Level I tests.

As proposed, Level I and Level II labs must adhere to identical requirements for quality control, proficiency testing and documents. Personnel requirements for Level I, however, are limited to the director being a physician or doctoral level laboratory scientist. Testing personnel must document "adequate" training. Level II laborato-



Physician Labs...from previous page

ries have definitive requirements for formal clinical laboratory training for the director, "on-site" general supervisor, technologists and technicians.

"Currently-regulated laboratories, such as those HCFA now regulates in hospitals or for Medicare reimbursement will only have to "fine-tune" to the CLIA '88 regulations," according to Dr. Ron Cada, Director of Laboratories at the state Health Department. "The state Health Department laboratory has some specialties HCFA approved but will be working like the rest of the Colorado community to maintain compliance with these new rules," says Cada.

Inspections now conducted for HCFA are done by contracted or approved agencies. In Colorado, this is currently the Health Facilities Division of the state Health Department, or by professional "deemed" organizations such as the College of American Pathologists (CAP).

The new approval process of these deemed organizations will be part of the CLIA '88 final rule. The organization names will be published by HCFA after evaluation and approval.

Now what? The proposed regulations will be modified by HCFA considering public comments within the limits of the original law. A final rule cannot be published until all comments have been considered. The CLIA '88 Act proposed that all regulatory processes be in place by July 1, 1991, but the scope and controversy may not allow the deadline to be met.

The state Health Department Laboratory has been disseminating CLIA '88 information through seminars and mailings, giving concerned new sites this advice, "Stay informed. Make changes in your tests according to the proposed regulations that give you added confidence in your results. But don't do things that don't make sense to you because they might not be in the final regulations".

The state Division of Laboratories has recently been approved to provide training to the Colorado community. If you want to be informed of seminars on the CLIA '88 final rule or need other technical training, contact Judy Donaldson at (303) 331-4712.

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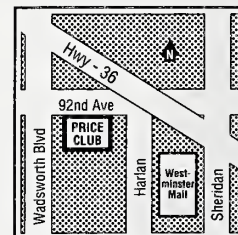
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Colorado Medicine for October, 1990

A. H. Robins Award for Outstanding Community Service By A Physician

(*Keystone, CO Sept 17, 1990*) This year's A. H. Robins Award was presented to Gary D. VanderArk, M.D., of Englewood, CO. VanderArk has been a practicing physician since receiving his Degree of Medicine from the University of Michigan in 1962. He has maintained a practice in neurosurgery in Colorado since 1971. In addition to his practice, during this period he and his wife have raised two children and have still found time to devote much of their energy to the help of others in their community of residence and beyond.

Gary VanderArk has served for many years as a member of the Board of Directors, and for six years as President of the John Perkins Foundation for community development in indigent or low-income minority communities, including before and after school programs for children.

For fifteen years, Dr. VanderArk has served the Southeast Asia Refugee Settlement project, helping countless families who have been relocated in Colorado communities, aiding in employment, food distribution, housing, etc.

With the help of his wife, Phyllis, he has served as his church's coordinator for LOVE, INC., an organization dedicated to using the resources of church members to meet the needs of Denver's needy, such as caring for homes, painting, repairs and maintenance, and transportation of the needy to medical ap-



A. H. Robins Award for Outstanding Community Service by a Physician

pointments. Their organization even participated with volunteer help in Limon, Colorado, following the tornado providing carpenters and other skilled help.

Dr. VanderArk has served for 12 years with the Sun Valley Community Church, operating an inner-city mission helping the low-income and homeless population with food distribution and medical care.

CMS President John F. Farrington, M.D., said "Gary VanderArk has been aptly described as an exemplary leader in our city, state and nation. He works diligently for the welfare of

others. I am pleased to present you the prestigious A. H. Robins Award for Outstanding Community Service by a Physician".

The A. H. Robins Company has no part in selecting the physician to receive this award, but provides only the criteria which requires that 1) the recipient must be a physician, licensed within the jurisdiction in which the award is made; 2) the recipient must be living; 3) has not been a previous recipient of this award, and; 4) has completed an outstanding record of community service which, apart from specific identification as a physician, reflects well on the profession. The Robins Award was created in 1961 to honor the civic-minded professional.



Shown at the presentation of the Robins Award are (l to r) daughter Jillane, two grandchildren, son Thomas, Lowell Ferguson, regional representative of A. H. Robins Company, Dr. VanderArk and wife, Phyllis.

MS Mini-Internship Program

Andre J. Huffmire, MD
Physician Coordinator
Craig/Steamboat Mini-Internship



Dr. James Dudley, Steamboat Springs (r), discusses the next patient with Barbara McDonnell, Deputy Director of Policy and Research, State Capitol (l), and a member of his office staff.

Dr. Dudley and Ms. McDonnell are participants in the first ever rural Mini-Internship. The interns were from urban areas, partly to preserve the confidentiality of the small town patients and partly to show the interns how quality health care is provided in a setting that does not have easy access to the wide array of specialists and equipment they are used to seeing in metro areas.

Dr. David Kipe, Craig (l) and Dr. James Dudley, Steamboat Springs (r), and Cathy Walsh, Legislative Director, Governor's Office (r) share a moment of concern with a patient about her impending seye urgency. Her positive attitude encourages them.



One visitor to the office today drove 20 miles into town. This was not considered unusual. Isolation can require a helicopter ride for some types of care, but access is generally equal and insurance helps pay. To rural residents it's just a way of life.

Dr. Andre Huffmire (center), Craig, and Linda Oberg, staff member of the Colorado Joint Budget Committee (r) look over an X-Ray with a patient who is concerned over whether he will be able to play softball that evening. It's good news, his shoulder is ok.

Dr. Huffmire said the interns told her that rural medicine in Craig may not be the same as rural medicine in Durango or Springfield. One of her purposes in the program was to equip interns to talk to people who don't understand rural problems. "We show them how we take care of people without specialized care, but everybody has the same quality of care and access," she said. "The relationship is more intimate and relaxed. Sometimes patients come over the the house."





Immediate Past President Robert D. Hartley, MD fills in for reluctantly absent President John F. Farrington, MD in administering the oath of office to incoming President John A. Sbarbaro, MD.

Although sorely missed by all, Dr. Farrington was under his physician's orders to remain in bed while recovering from back surgery. His presence was felt, not only in the taped messages he was able to present to the House of Delegates but in the spirit of everything he has accomplished over the past two years.

Dr. Sbarbaro has the honor of presenting the prestigious A. H. Robins award for Outstanding Community Service to Gary D. Vanderark, MD as Dr. Vanderark's proud family looks on. Dr. Vanderark attributed much of his success and happiness in life to the support of his family. (See article elsewhere in this issue for more details.)

Seated at the table behind the family is Sandra L. Maloney, the new Executive Director of the CMS. Those in attendance noted that Sandi's first meeting as Exec. came off very well and she was honored on more than one occasion for the years of hard work and dedication to CMS which led the board to promote her to this position.



(l to r) David C. Martz, MD, Vice Speaker of the House of Delegates and Stuart O. Silverberg, MD, Speaker of the House of Delegates, look on as Harrison G. "Corky" Butler, III, MD of Durango is presented to the House by President John A. Sbarbaro, MD. Dr. Sbarbaro was joined by Immediate Past President Robert D. Hartley, MD in recognizing Dr. Butler as the new President-Elect of the CMS.

In his inaugural speech, Dr. Sbarbaro spoke highly of the year he spent following Dr. John Farrington around and assisting him in his duties as President. He will now have the chance to pass the wisdom and experience he gained to Dr. Butler in hopes of continuing the high standards of CMS leadership which was evidenced not only by Drs. Farrington and Hartley, but also by several other past presidents who were in attendance.



AM '90—KEYSTONE

Honoring Future Scientists

CMS President Dr. John A. Sbarbaro takes a moment away from viewing the Annual Meeting Exhibits to present \$100 U.S. Savings Bonds to this year's winners in the Medical Division of the Colorado State Science Fair.

On the left is Jennifer Fleming, a Junior at Cherry Creek High School in Englewood. Accepting her award on Dr. Sbarbaro's other side is Amy Carris, a 9th grader from North Junior High in Colorado Springs.



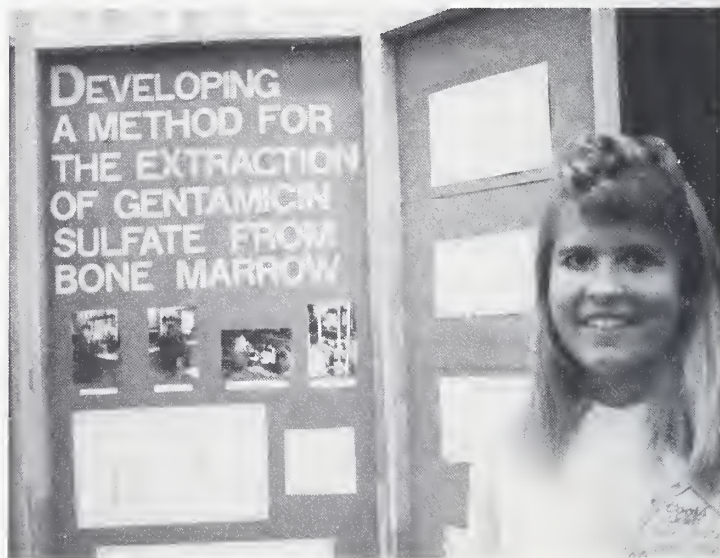
An Apple A Day did NOT keep this doctor away. Amy Carris takes a moment to explain her investigational methods to Wallace H. Livingston, MD. Ms. Carris's project, entitled "Does An Apple A Day Keep The Doctor Away?", examined the incidence of pesticide residue on ordinary supermarket fruit as compared to "organically grown" fruit. Yes, you can rest assured, the organically grown fruit had far less pesticide residue.

When congratulated on his recent appointment to the office of CMS Historian, Dr. Livingston wondered if it would be possible to change the title to "Official CMS Dinosaur". The retired Denver internist has long been an active participant in CMS affairs.



Cherry Creek High School Junior Jennifer Fleming proved that youth and beauty do not necessarily preclude intelligence. She got amazed responses even from medical professionals when Dr. Sbarbaro asked her to describe her project, "Developing a Method for the Extraction of Gentamicin Sulfate from Bone Marrow", to a group of assembled physicians and spouses. The resulting flow of technical language did much to allay fears that today's youth are not sufficiently grounded in the sciences.

The CMS makes these awards as part of an effort to promote science education in general and the Colorado State Science Fair in particular. If you would be interested in helping in these efforts, please contact the medical society. If these students are any indication, science has a bright future in Colorado.



Promoting Medical Education and Rural Health Care



1990-1991 CMS President John A. Sbarbaro, MD took some time recently to explain to students at the University of Colorado Health Sciences Center why organized medicine is an important part of their lives, not only as physicians, but even now as physicians-in-training. Dr. Sbarbaro promoted medical associations on the national, state and local levels as valuable in the areas of legislation, peer review, quality assurance, research and many other areas. He explained the importance of being a part of the process even as a student in order to make the ensuing years of participation even more meaningful

Dr. Sbarbaro takes a moment to encourage one of the students that someday the tests long hours of school will give way to the hard but satisfying work of medical practice. He expressed optimism at the future of health care in Colorado, based on many positive impressions of the quality of students now in preparation.



Another highlight of the meeting was the presentation of scholarships by the CMS Committee on Health Care Availability, formed as part of the successful effort to pass the Health Care Availability Act of 1988.



Thornton Emergency Medicine specialist Douglas M. Hill, DO explained that the committee felt that its remaining funds would be appropriately used in the effort to promote the availability of rural health care. For this reason, he was glad to be able to present scholarship checks to Brush, Colorado native Lawrence J. Both students were selected on the basis of outstanding academic records, recommendations from the Admissions Committee and for their intentions to return to a rural area to practice.

After the meeting, Dr. Sbarbaro "discusses" the issues with Anthony Nagorka, President of the Medical Student Component Society of CMS. Dr. Sbarbaro commented, "With leadership like this, the future of medicine is looking up."



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October: National Breast Cancer Awareness Month

You CAN Save Patients From Breast Cancer

Did you know that nearly three quarters of women over 40 who had a mammogram recently told a survey that they did so because of a physician's recommendation?

By that same survey, forty five percent of women who have not had a mammogram say it is because their physician has not recommended it?

As a physician, you already know that Mammography is the most effective method of detecting breast cancer in its earliest stage. Early detection could save numerous lives, since women have a 90 percent survival rate if breast cancer is caught in its earliest, most treatable stage. Ten percent of American women (your female patients) will get breast cancer at some point in life. Of the estimated 150,000 women who will be afflicted in the next year, about 44,000 will die.

Physician Recommendations Make the Difference

If a physician recommendation is a very important factor in whether women get a mammogram or not, and if that mammogram could significantly increase her life expectancy (both of which appear to be true) then is it not your joyful duty as a caring physician to recommend that all your female patients over 40 have yearly breast

"Physicians are a key motivator..."

*Audrey H. Nora, MD, MPH
Assistant Surgeon General, Denver*

exams and bi-annual mammograms (increased to annual after age 50)? Doesn't it make sense for you, doctor, to inculcate monthly breast self examination?

In order to accomplish this, you must overcome some misconceptions on the part of your female patients. National Breast Cancer Awareness month (October) will give you a good chance to do this. Surveys have shown that women do not understand that screening mammograms should be used to detect cancer before any visible or palpable symptoms appear (often up to 2 years before the patient or physician can feel a lump). They do not know that mammograms should be repeated on a regular basis, even if no family history of breast cancer exists (80% of women who get breast cancer have no family history of the disease).

Fears and Concerns

Some women fear the radiation exposure of Mammography. Have you explained that the two films per breast

of an ordinary mammogram expose the patient to no more than 1 RAD per breast? Have you taken just a moment to explain that your facility is accredited by the American College of Radiology or meets other safety standards such as regular use of an annually calibrated dedicated Mammography machine by a registered technologist, and interpretation of the films by a specifically trained radiologist? Women are looking to their physicians for answers to these concerns.

One other area of concern is the cost of the procedure. In Colorado, the price of a mammogram can range from \$50 to \$250. Private insurance companies are mandated by state law to reimburse for screening mammograms. Medicare and Medicaid are not quite so contemporary in their benefits, but policy makers are working to change that. In addition, there is a special low cost Mammography screening project, sponsored by the Colorado Department of Health and the Colorado Mammography fund.

Denver Cancer Screening

The American Cancer Society is providing trained volunteers for comprehensive breast self exam programs and the Denver Coalition on Cancer in Blacks is reacting to the increasing incidence of breast cancer in black women by organizing and conducting a Mammography screening project in East Denver. Call (303) 331-8407 for more details.

Spalding

Celebrating 25 Years of Service



Richard L. Stieg, M.D., Medical Director, Spalding Rehabilitation Hospital

One of Denver's best-kept secrets, Spalding Rehabilitation Hospital, has come a long way since it opened its doors in October, 1965, as an extended care facility. "Spalding House" offered interim care for patients who no longer needed hospitalization, but were not ready to be discharged. It soon became apparent that most Spalding patients would benefit from comprehensive rehabilitation and in 1968 a rehabilitative hospital license was received and the facility renamed Spalding Rehabilitation Center. In 1982 it became Spalding Rehabilitation Hospital.

Today, in response to the increasing demand for rehabilitation programs, Spalding has expanded its rehabilitation treatment programs to seven locations and 1324 beds. There are four Spalding inpatient units in metropolitan Denver and one in Cheyenne, Wyoming. Two freestanding clinics offer specialized outpatient services.

More than fifteen physicians provide medical direction and patient care in the Spalding treatment system. Most are Board-certified physiatrists, specialists in physical medicine and rehabilitation. Others are neurologists, who specialize in treating brain injury or chronic pain syndrome. In 1989, Spalding treated 1,353 inpatients for a total of 26,439 inpatient days. More than 75% of them returned home following discharge. 2,058 outpatients made 24,734 visits to Spalding for outpatient services.

Spalding uses an interdisciplinary team approach to treat individuals disabled by stroke, traumatic brain injury, complex orthopedic problems, or neurological disorders, such as multiple sclerosis. Spalding's Neurological Care Unit provides a continuum of care for patients with severe brain injuries, neurological impairment, or those who are ventilator-dependent. The Center for Spine Rehabilitation specializes in

treating neck and back problems ranging from acute injuries to chronic disabilities. Colorado Rehabilitation Institute, acquired by Spalding in 1987, provides pain rehabilitation services.

Spalding pioneered a new concept in the delivery of patient care with the opening of its first satellite unit at Swedish Medical Center in 1985. Through cooperative arrangements with acute care hospitals in the Rocky Mountain region, Spalding provides the physicians, staff and management for rehab units within the host hospital. These "hospitals within a hospital" enhance the services of the acute care host and make rehabilitation programs more easily accessible to patients and physicians. Since rehab can begin earlier in a patient's stay, these innovative arrangements are also cost-effective.

Spalding Central in Denver houses inpatient and outpatient programs and serves as headquarters for the system. In 1986, Spalding became an affiliate of Swedish Medical Center, which is home to Spalding Hospital South with 20 beds and the MS Rehabilitation Unit with 10 beds, which Spalding operates in cooperation with the Rocky Mountain Multiple Sclerosis Center. Spalding Hospital North opened at Longmont United Hospital in 1986 with 15 beds and Lutheran Medical Center has been the site of 20-bed Spalding Hospital West since 1988. Spalding Hospital





A monthly report of current and on-going activities of the Councils, Committees and Sections of the Colorado Medical Society. None of the information herein is meant to indicate a policy or position statement of the Colorado Medical Society. This report is designed only to inform CMS members of their organization's activities and study projects at the Council, Committee or Section level.

October, 1990

COMMITTEE ON ACCREDITATION

The Committee on Accreditation met August 9. In addition to recommending accreditation rulings for Council approval, the Committee reviewed one Progress Report and accepted 18 Annual Reports submitted by accrediting organizations throughout the state. The Committee received information regarding the upcoming CMS Accreditation Workshop which will be held on Wednesday, **October 10**, in Denver and on Thursday, **October 11**, in Glenwood Springs. Kevin Bunnell, Ed.D., and Pat Moran, M. D., will present a site survey simulation which will include active participation of attendees. The Committee approved nomination of LeRoy Stahlgren, M. D., for appointment to a three-year term on the Accreditation Council for Continuing Medical Education (ACCME) Committee for Review and Recognition.

COUNCIL ON PROFESSIONAL EDUCATION

The Council on Professional Education met August 23 and approved the accreditation rulings recommended by the Committee on Accreditation. The status of the Miles "Train the Trainer" program was reviewed; the CMS Board of Directors approved funding for one participant in the program and agreed that CMS should take the leadership role with respect to organizing workshops, etc. The Council approved

revised 1990 Annual Meeting educational program objectives and AMA Category 1 credit designations. The Council also discussed the proposed 1991 Annual Meeting Education Program and recommended that the major focus be on family violence. A letter to residency directors regarding the use of National Board of Medical Examiners scores was approved for mailing. A tentative calendar of practice management workshops was also approved.

WORKER'S COMPENSATION ADVISORY COMMITTEE

The Committee met in August and September to discuss the Insurance Commission Task Force and HB 1212. This Committee is now in the process of formulating questions it would like to see answered by a study of 1400 closed claims intended to help solve problems within the Worker's Compensation system. If you have questions or suggestions, please phone Debra M. Jones, Physician Services Division at (303) 779-5455 or 1-800-654-5653.

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COMMENT

Middle East...Physician Mobilization

Most physicians in practice who purchased professional liability coverage for 1990-1991 did so before Iraq's "annexation" of Kuwait, and with no thought given to the possibility that they might be involuntarily called to active military service. Since Saddam didn't give adequate prior notice of his moves—and placed the U. S. military services in a similar position—some Colorado physicians are finding themselves headed for active duty for an indeterminate period of time.

Copic's policy with regard to this problem is as follows:

If a physician who holds an in force Copic policy finds him/herself involuntarily mobilized to active military duty on a full time basis, that physician's professional liability policy will be suspended, without premium due, for the duration of that military duty. Upon return to private practice, coverage will be reinstated at the then current maturity/premium charge, and coverage will be deemed to have been continuous throughout the period of suspension.

If you are among those heading off "to war" you have enough to worry about; your Copic policy and premium need not be added to the list of concerns.

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Influenza Vaccination Season Opens

Last year in Colorado almost 900 people died from the complications of influenza, usually pneumonia. It is obvious that many of those deaths could have been avoided by influenza vaccination.

Vaccinations are especially recommended for those 65 and older as these people are most susceptible to severe harmful effects of influenza. Anyone with a chronic condition such as diabetes, anemia, diseases of the heart, lung or kidney or diseases or treatments that compromise the immune system should also be vaccinated.

Another category that is not so obvious is the "essential personnel" classification. Someone who works for a hospital, fire department, police department, medical clinic, ambulance service, nursing home or similar entity (yes, doctor, this includes you) should be immunized, as should anyone planning to travel abroad during the flu season.

If you have patients who need vaccination but for some reason don't plan to have it done through your office (limited resources, perhaps) the Tri-County Health Department plans special clinics from October through early December. Influenza shots will be \$7 and pneumonia vaccine will be \$10 (limited by supply to those over 65 or with chronic conditions). Vaccinations are available at a work site for slightly more. Phone Arlene Burt at (303) 288-

6816 for more details on the program.

This year's vaccine is targeted toward the most recent strains of A/Taiwan, A/Shanghai and B/Yamagata. New, improved production methods should limit the side effects to no more than a

sore arm for a day or two, but *occasionally* there will be fever, aching and fatigue for a day or two.

Some vaccinations will be reimbursable through Medicare. See accompanying sidebar.

Medicare Flu Vaccine Demonstration Back On

by Lynne Northcutt, Program Manager

HCFA has once again given the go-ahead for Colorado to participate as a test site in an Influenza Vaccine Demonstration which was mandated by Congress per OBRA, 1987. This demonstration had been put on hold in August due to the Mid-East crisis.

Medicare will allow one vaccine per flu season beginning September 1, 1990 and ending April 30, 1992. Medicare payment will be allowed for **one vaccine** from September 1, 1990 through April 30, 1991 and September 1, 1991 through April 30, 1992 *Note: Influenza Boosters are not covered under this program.*

- Medicare will allow \$10.00 per vaccination—this includes reimbursement for the vaccine and the administration.
- Payment will be at 100% of the allowed amount.
- The vaccine charge is not subject to deductible or coinsurance.
- The billing procedure is to use procedure code 90724 and diagnosis code V04.8.
- Payment vouchers will print with a type of service "V" for the vaccines.

Although the standard assignment provisions will remain in effect, Medicare is encouraging all providers to accept assignment on these vaccines.

Part A providers are also being encouraged to participate in this demonstration. They should contact their Provider Representative if additional information is needed. Part A providers who do not already have a Part B provider number, can obtain one by contacting the Provider I.D. Coordinator, Linda Martinez at 700 Broadway, Denver, CO 80273, or by calling (303) 831-2705.

Designing A Better Response: Child Death in the 90s

This October 26th conference is designed to be a challenge for death investigators, care givers and community agencies. It is sponsored by the Colorado Child Fatality Review Committee and the Children's Hospital with support from the Colorado Medical Society.

The conference will focus on investigation of child deaths with emphasis on an adequate evaluation of the cause and manner of death and the development of potential strategies for the prevention of child death in Colorado. Six hours CMS credit will be available for physicians, seven hours for nurses. Call Jessica White at (303) 861-6945 for more details.

Roosevelt Institute Receives Research Grant

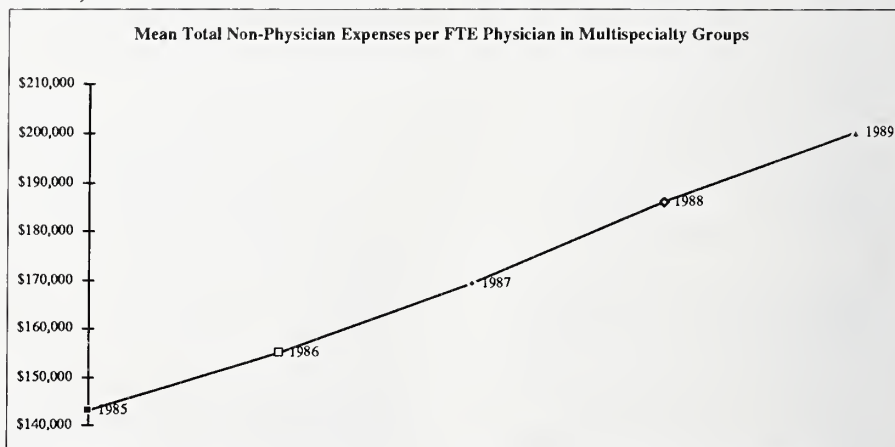
The Metro Denver Chapter of the Alzheimer's Association made the first installment of a \$70,000 grant to the Eleanor Roosevelt Institute this summer for a study on the genetic linkage of the disease. Harold Feder, president of the chapter, said the award was based on the Institute's outstanding quality of research and the likelihood of progress toward finding a solution to this disease, the fourth leading cause of death in the U. S. today.

The Denver Chapter is the single agency in the metro area dedicated to research for the prevention, treatment, cure and treatment of Alzheimer's and

related disorders. Call 393-7675 for more information.

Physician Overhead Expenses on the Increase.

The Medical Group Management Association (MGMA) has released a report showing that multispecialty group practices experienced an increase of 7.6% in operating overhead during 1989. Operating overhead is defined as total non-physician expenses per FTE (full time equivalent) physician. In 1989, a group practice would have to have taken in over \$200,000 just to pay these expenses. Physician salary and other reimbursement is in addition to these expenses. Operating overhead is a significant portion of health care costs (see accompanying chart for more details).



Copies of the report (entitled *Cost and Production Survey*;) are available to MGMA members for \$55 (\$175 for non members) by calling (303) 753-1111 and asking for publication #2273.

Nursing Shortage Addressed

Colorado will be the site for the nation's first voluntary agreement among public and private nursing schools to cut red tape and allow nurses to more easily advance their educations. Known as the Colorado Nursing Articulation Model (CNAM), the project is funded by the Colorado Trust and carried out by the Colorado Council on Nursing Education.

CNAM will eliminate most "challenge testing" which has required nurses seeking advanced degrees to be tested on their prior education. Validation of present course work will eliminate much of the need for the costly and time consuming testing. Nurses with undergraduate degrees will receive credit toward Baccalaureate degrees and nurses with out of state

degrees may receive credit if they graduated from a National League of Nursing accredited program.

The Colorado Council on Nursing Education will implement the program on January 1, 1991. For more information, call Joyce Falco at (303) 988-6160.

Clinical Trials in Epilepsy

The Research Division of the Colorado Neurologic Institute is conducting double blind clinical trials of Gaba-Pentin (Neurontin) as monotherapy for newly diagnosed epilepsy. Eligible patients must have had two tonic-clonic seizures or one tonic-clonic and one partial seizure within the past 12 months, have experienced no previous antiepileptic drug therapy except a single loading dose, not be pregnant or planning pregnancy (currently using effective birth control) and have had no seizures related to acute head trauma, drugs or alcohol, Status Epilepticus, acute medical illness, suspected progressive Encephalopathy or structural CNS lesion. If you have a patient who might be eligible for this program, please contact: Kathy Goebel, RN (303) 788-7878.

New Definition of SIDS

The definition of Sudden Infant Death Syndrome (SIDS), first recognized in 1969, has been updated to reflect concern over deficiencies in the diagnosis, according to Marie Valdes-Dapena, MD of the National SIDS Foundation. A group gathered by the National Institutes of Health and Human Development has agreed that SIDS is "the sudden death of an infant under one year of age which remains unexplained after the performance of a complete postmortem investigation, including an autopsy, an examination of the scene of death and review of the case history." This is basically a modification of the old definition. The group felt that the review of the infant's

history and the death scene were necessary to accurately determine the cause of death. Call the Colorado SIDS Program for more information at (303) 320-7771 or 1-800-332-1018.

Bethesda Psychhealth System Accredited

The Colorado Medical Society Committee on Accreditation has awarded Bethesda Psychhealth System a two-year provisional accreditation as a sponsor of continuing medical education programs. The accreditation of this Denver facility will enable the hospital to present CME courses and grant

credit hours for its educational programs.

The accreditation of Bethesda Psychhealth System culminates a comprehensive application process which included a review of the hospital's compliance with established accreditation criteria and a visit to Bethesda by a three-member CMS site survey team.

The Colorado Medical Society is recognized as an accreditor of sponsors of intrastate CME programs in Colorado. The CMS accrediting responsibilities are assigned to the Committee on Accreditation chaired by John F. Yost, M. D.



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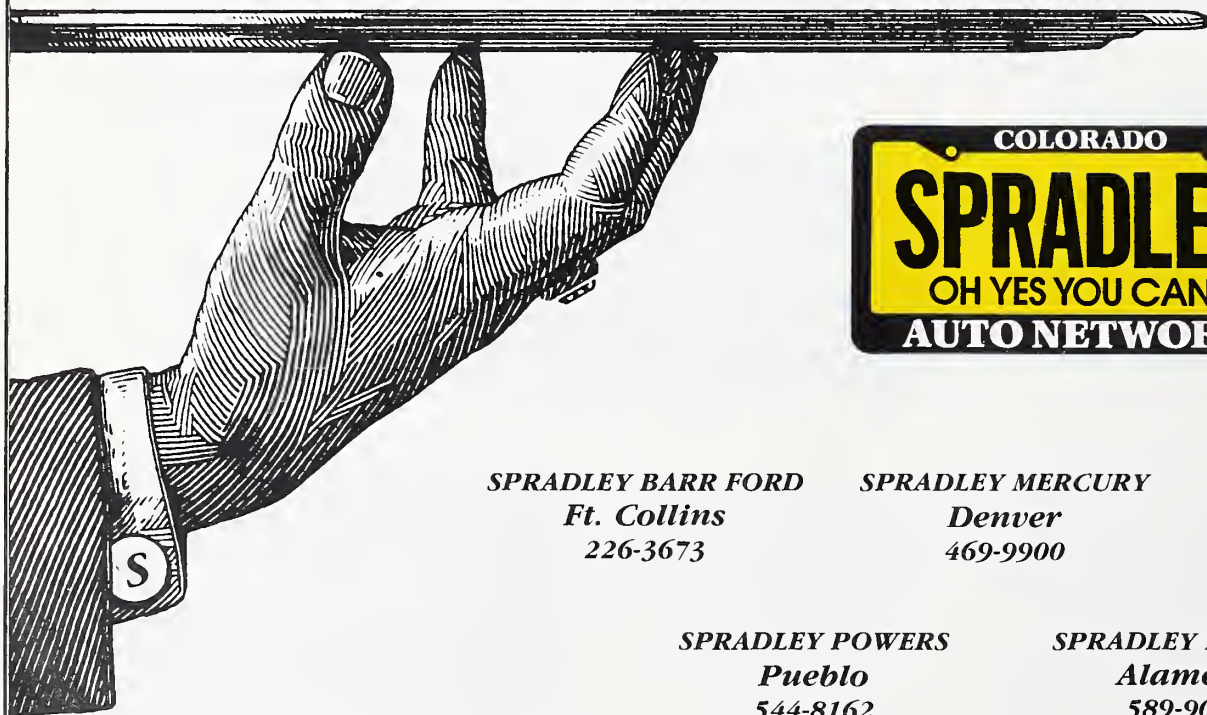
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Proceedings of the House of Delegates

The Colorado Medical Society House of Delegates met at the Keystone Conference Center, Keystone, Colorado, on September 14-16, 1990 and took the following actions:

REFERENCE COMMITTEE ON BOARD OF DIRECTORS/CONSTITUTION & BYLAWS

Adopted a resolution to amend and supersede all prior inconsistent provisions concerning professional review procedures found in Chapter VII of the current Bylaws.

Adopted a resolution commending the Colorado Medical Society for the publication of the "living will" which is available and updated annually.

Adopted a resolution to reconstitute the Medico-Legal Committee to discuss areas of joint concern. In addition, CMS members not be bound by the Interprofessional Code of 1987 with respect to the section on medical records and individual physicians may determine a reasonable charge for the release of medical records.

Adopted a resolution amending Chapter III, Section 1, to read as follows:

a. General Eligibility. To be eligible for service as a voting Delegate or Alternate from a component society, a physician shall have been an Active Member of this Society immediately preceding both his/her election and his/her seating in any meeting of the House, except as otherwise ruled by the Reference Committee on Constitution, Bylaws and Credentials.

b. Restriction of Eligibility. In case any Delegate or Alternate Delegate to the House of Delegates is elected as an Officer or Director, the eligibility of such Delegate or Alternate Delegate to represent his component society as Delegate shall automatically terminate upon adjournment of the Annual Meeting at which time he was elected, and in case any Delegate or Alternate Delegate is appointed by the Board of Directors to fill a vacancy for any position named above, his eligibility to represent his component society shall automatically terminate upon acceptance of the appointment.

and amending Chapter IV, Section 1, to read as follows:

Section 1. Composition of House. The House of Delegates shall be composed of the Speaker and Vice Speaker of the House of Delegates, Delegates (or their Alternates) elected by the component societies in proportion to their active membership, and one Delegate (or his/her Alternate) elected by and representing the CMS Hospital Medical Staff Section, Resident Physician Section and other sections approved by the House of Delegates. The Delegates to the American Medical Association and their Alternates, all Past Presidents of the Colorado Medical Society and the President of each component society, shall be ex officio members of the House of Delegates with the right of discussion but without the right to introduce new business or resolutions, to make or second motions, or to vote, unless elected by component societies to serve as a Delegate or Alternate. Present members of the Board of Directors shall be ex officio members of the House of Delegates with the right of discussion, with the right to introduce new business or resolutions, and make or second motions, but without the right to vote.

Adopted a resolution that effective January 1, 1991, smoking shall be prohibited in the offices of the Colorado Medical Society, and COPIC Insurance Company and COPIC Agency shall be encouraged to adopt a similar policy.

Adopted a resolution that the Colorado Medical Society House of Delegates reaffirm its support for the goals of the Colorado Physician Health Program and to convey to the Colorado Board of Medical Examiners CMS' concerns with regard to the possibility of taking funding from the Colorado Physician Health Program.

continued...

Accepted for Filing: Progress Report - Board of Directors, Attach. 1-7

Progress Report - Executive Director
Progress Report - Grievance Committee
Progress Report - Council on Ethical and Judicial Affairs
Progress Report - AMA Delegation, Attachment 1
Progress Report - Women in Medicine Section
Progress Report - Young Physicians Section
Progress Report - Organizational Study Committee

The following resolutions were **referred**:

RES-54-A - Resident Physician Section referred to the Resident Physician Section to resubmit at the Interim 1991 Meeting with specific recommendations.

RES-61-A - Combining Constitution and Bylaws to be referred to the Organizational Study Committee.

The following resolution was deferred:

RES-65-P - Colorado Physician Health Program deferred to Interim 1991 Meeting.

The following resolutions were **not** adopted:

RES-48-A - Professional Courtesy Guidelines RES-49-P - Action on Resolutions RES-50-P - Limitation on Terms for AMA Delegates RES-51-P - Limitation Exception RES-57-P - Selection of President-Elect for CMS RES-58-P - Colorado Medical Society Interim Meeting RES-68-P - Requirement of Employment

REFERENCE COMMITTEE ON PROFESSIONAL EDUCATION/LEGISLATION

Adopted a resolution seeking legislation to enhance the first offense penalty for practicing medicine without a license.

Adopted a resolution to support legislation requiring any establishment selling alcohol to post the applicable DUI penalties.

Adopted a resolution to urge the Colorado Legislature to enact legislation affording qualified health care providers immunity from liability for good faith reporting of prescription drug abuses to other qualified health care providers or law enforcement authorities.

Accepted for filing: Progress Report - Council on Legislation

Progress Report - COMPAC
Progress Report - Council on Professional Education
Progress Report - CMS Education and Research Foundation

The following resolution was **not** adopted:

RES-45-A - Drunk Driving

REFERENCE COMMITTEE ON MEDICAL SERVICE/COMMUNITY HEALTH ISSUES

Adopted a resolution reminding CMS membership of the provisions of C.R.S. 12-22-124 (2) which provides prescriptions may be ordered "dispense as written" and encouraging members to become informed of the equivalence problems of drugs listed as Class B.

Adopted a resolution encouraging action by all Colorado hospitals and medical staffs to eliminate smoking in all areas of the hospital by patients, visitors, and staff.

Adopted a resolution that the Colorado Medical Society support strict compliance with and enforcement of laws prohibiting sale of tobacco to children.

Adopted a resolution that the Colorado Medical Society support legislation banning the production, distribution and sale of those candy products that depict tobacco products.

Adopted a resolution to inform the public and physician community regarding the donation of soft tissue, skin and bone as well as body organs.

Adopted a resolution that the Colorado Medical Society support efforts to identify gaps in Colorado law regarding advanced directives for health care, support education of physicians and patients regarding the patient's right to create legally binding advanced directives and to develop and make available a packet of material on Living Will and Durable Power of Attorney and other advanced directive information.

Adopted a resolution that the Colorado Medical Society supports the concept of the "Health Access America" Plan.

Accepted for filing: Progress Report - Council on Community Health Issues
Progress Report - Council on Medical Service

The following resolutions were **not** adopted:

RES-59-P - Supporting a Comprehensive Approach to Health Care Reform
RES-63-P - Post-Operative Care Management

REFERENCE COMMITTEE ON PHYSICIAN/PATIENT ADVOCACY

Adopted a resolution to investigate the possibility of establishing a program which would cover physicians without adequate health care insurance for drug, alcohol and other substance abuse.

Adopted a resolution that the Colorado Medical Society take several actions, such as education of the public and legislators, contact with senior citizen groups, develop brochures for distribution to patients, etc., in an effort to solve Medicare Part B reimbursement inequities. In addition, the Board of Directors should investigate the possibility of bringing suit against Medicare to receive back payments and increase future payments to equal the national median.

Accepted for filing: Progress Report - Council on Physician Patient Advocacy

The following resolution was referred:

RES-64-P - Medicare Policies - 90.8 and 90.10 referred to the Council on Physician/Patient Advocacy.

DELEGATE ATTENDANCE — 1990 ANNUAL MEETING

LEGEND: (D) Elected Accredited Delegate (A) Elected Accredited Alternates *(A) Substitute Accredited Alternates

DISTRICT I — 5 DELEGATES

EASTERN COLORADO — 1 DELEGATE

None Present

MORGAN — 1 DELEGATE

None Present

NORTHEAST COLORADO — 2 DELEGATES

(D) Pohlman, Floyd H.

WASHINGTON—YUMA — 1 DELEGATE

None Present

DISTRICT II — 8 DELEGATES

INTERMOUNTAIN — 2 DELEGATES

None Present

LAKE — 1 DELEGATE

None Present

MOUNT EVANS — 1 DELEGATE

None Present

MOUNT SOPRIS — 3 DELEGATES

(D) Painter, M. Ray

(D) Schwartz, Kenneth A.

NORTHWESTERN COLORADO — 1 DELEGATE

None Present

DISTRICT III — 10 DELEGATES

CHAFFEE — 1 DELEGATE

None Present

FREMONT — 2 DELEGATES

(A) Buglewicz, John V.

(D) Gamache, Peter J.

HUERFANO — 1 DELEGATE

(D) Vialpando, Arthur B.

LAS ANIMAS — 1 DELEGATE

(D) McFarland, Douglas M.

OTERO — 2 DELEGATES

None Present

SAN LUIS VALLEY — 2 DELEGATES

(D) MacLeod, William A.J.

SOUTHEASTERN COLORADO — 1 DELEGATE

None Present

DISTRICT IV — 7 DELEGATES**CURECANTI — 2 DELEGATES**

- (D) McMurren, Jay W.
- (A) Hopple, Lynwood M.

DELTA — 1 DELEGATE

None Present

LA PLATA — 2 DELEGATES

- (D) Walters, Mark R.

MONTEZUMA — 1 DELEGATE

- (D) Howe, Gerald E.

DISTRICT V — 19 DELEGATES**ARAPAHOE — 19 DELEGATES**

- (D) Guber, Myles S.
- (A) Capek, Richard B.
- (A) Knize, David M.
- (D) Stecher, Karl, Jr.
- (D) Steines, William
- (A) Heiss, Robert E.
- (D) Thulin, Barbara
- (D) Wood, John M.
- (D) Bartlett, Max D.
- (A) Heckmann, Richard C.
- (D) Boulder, Joel C.
- (D) Brenneman, Janice K.
- (D) Burks, Jack S.
- (D) Kruse, Robert L.
- (D) Larkin, Thomas P.
- (D) Levine, Mark A.
- *(A) Orton, Paul W.
- (D) Roberts, John F.
- (D) Truitt, Leigh

DISTRICT VI — 11 DELEGATES**AURORA—ADAMS— 11 DELEGATES**

- (D) Heaton, C. Edward
- (D) Stoll, Stephen
- *(A) Solomon, William A.
- (D) DiBella, Nicholas J.
- (A) Kraus, G. Thomas
- (A) Iskander, Laurice
- (D) Heaton, Angeline D.

DISTRICT VII — 12 DELEGATES**BOULDER — 12 DELEGATES**

- (D) Benson, Alan E.
- (A) Wherry, Harry L.
- (A) Mooney, Herbert
- (D) Rubright, Mark W.
- (D) Rupp, Gerald R.
- (D) Wilson, Don E.
- (D) Bolles, Gene E.

DISTRICT VIII — 19 DELEGATES**CLEAR CREEK VALLEY — 19 DELEGATES**

- (D) Campbell, Bernard E.
- (A) Gottlieb, Thomas
- (D) Golbert, Thomas M.
- (A) Tarkanian, Malcolm
- (D) Mann, James G.
- (D) Sadler, Dean L.
- (A) Mozia, Nelson
- (D) Yakely, M. Robert
- (A) Netz, Howard
- (D) Brundige, Richard L.
- (D) Cedars, Chester
- *(A) Lissauer, Werner
- (D) Faraci, Robert
- (D) Laubach, Sherri J.
- (D) Oppenheim, Walter

DISTRICT IX — 45 DELEGATES**DENVER — 43 DELEGATES**

- (D) Anneberg, A. Lee
 - (D) Bell, John D.
 - (D) Campbell, William A., III
 - (D) Carson, Bonita
 - (A) Johnson, Stephen D.
 - (D) Cook, William R.
 - (A) Gibbs, Charles P.
 - (D) Eckhoff, Donald G.
 - *(A) Bogin, Robert
 - (D) Foust, Glenn T., III
 - (A) Bakemeier, Richard F.
 - (A) Mueller, John F.
- DENVER — 43 DELEGATES (Continued)**
- (D) Hedberg, John
 - (A) Kenzie, Jeannie J.
 - (A) Wright, Richard A.
 - (D) Jacobson, Eugene D.
 - (A) Dix, Corrine R.
 - (D) McCartney, Robert
 - (A) Maestas, Gilbert B.
 - (D) Parsons, Donald W.
 - *(A) Ballinger, Carter M.
 - (D) Reed, Barbara R.
 - (D) Rhodes, Edward A.
 - (D) Safford, H. R. III
 - *(A) Nelson, Nancy E.
 - (D) Gargan, Thomas J.
 - (A) Weiss, Stanley S.
 - (D) Walker, Louise C.
 - (A) Barmatz, Hirsch
 - (D) Butterfield, L. Joseph
 - (D) Clayton, Mack L.
 - (D) Hutchison, David E.
 - (D) Karel, James L.
 - (D) Kelble, David L.
 - (D) Livingston, Wallace H.
 - (D) Sawyer, Robert B.
 - (D) Schemmel, Janet E.
 - (D) Sides, Leroy J.
- UNIVERSITY OF COLORADO STUDENT MEDICAL SOCIETY — 2 DELEGATES**
- (D) Nagorka, Anthony

DISTRICT X — 18 DELEGATES**EL PASO — 18 DELEGATES**

- (D) Cooper, Jack
- *(A) Cunningham, Leon D.
- (D) Lewis, Ted T.
- (A) Lloyd, William E.
- (A) Brightwell, Nathan L.
- (D) Nielsen, Peter G.
- (D) Spaulding, Duane R.
- (A) Griffith, Dillard R.
- (D) Bruisenhan, J. Richard
- (D) Cole, Brian
- (D) Crawford, Lewis A.
- *(A) Gieringer, Gary V.
- (D) Gifford, Marilyn J.
- (D) Muth, John B.
- (D) Rubinow, Sidney D.
- (A) LaVoo, John

DISTRICT XI — 10 DELEGATES**LARIMER — 10 DELEGATES**

- (D) Allen, Thomas J.
- (D) Giansiracusa, Richard
- *(A) Elo, Denis R.
- (A) Milano, William J.

- (A) Wera, Thomas
- (D) Chase, Jerry A.
- (D) Danforth, James C.
- (D) Kaiser, Dale C.
- (D) Merkel, Lawrence A.
- (D) Stephens, Floyd V.

DISTRICT XII — 6 DELEGATES

MESA — 6 DELEGATES

- (D) Golter, Lee B.
- (D) Magraw, Bronwen
- (D) Fisher, David P.
- *(A) Doran, John
- *(A) Webel, Jacob
- (D) Sadler, Theodore R., Jr.

DISTRICT XIII — 9 DELEGATES

PUEBLO — 9 DELEGATES

- (D) Fowler, James B.
- (D) Lawrence, Richard A.
- (D) Meeuwsen, James W.
- (D) Schultz, R.J. Black
- (A) Pflum, Eugene W.
- (A) Chimento, James J.
- *(A) Ryals, Jarvis
- (D) McCaffrey, Paul

DISTRICT XIV — 8 DELEGATES

WELD — 8 DELEGATES

- *(A) Clark, Ronald D.
- *(A) Lininger, Thomas R.
- (D) Stahlman, Richard L.
- *(A) Corona, Joseph A.
- *(A) Kading, Steve
- (D) Gilmore, Bruce T.
- (D) Olds, Kenneth M.
- (D) Sullivan, Patrick J.

MEDICAL STAFF SECTION — 1 DELEGATE

None Present

COLORADO ACADEMY OF FAMILY PHYSICIANS — 1 DELEGATE

- (A) Knaus, Gary D.

COLORADO CHAPTER AMERICAN COLLEGE OF PHYSICIANS — 1 DELEGATE

- (A) Gorshow, Stephen M.

COLORADO SOCIETY OF INTERNAL MEDICINE — 1 DELEGATE

- (D) Bush, James F.

ROCKY MOUNTAIN GASTROENTEROLOGIC SOCIETY — 1 DELEGATE

None Present

COLORADO ORTHOPÆDIC SOCIETY — 1 DELEGATE

- (D) Cletcher, John O.

COLORADO SOCIETY OF ANESTHESIOLOGISTS — 1 DELEGATE

- (D) Hyde, Edwin G.

COLORADO CHAPTER AMERICAN COLLEGE OF SURGEONS — 1 DELEGATE

None Present

COLORADO CHAPTER AMERICAN COLLEGE OF EMERGENCY PHYSICIANS — 1 DELEGATE

- *(A) Phelps, Dwight S.

COLORADO RESIDENT PHYSICIAN SECTION — 1 DELEGATE

None Present

COLORADO GYNECOLOGICAL AND OBSTETRICAL SOCIETY — 1 DELEGATE

- (D) Thorne, John

COLORADO YOUNG PHYSICIAN SECTION — 1 DELEGATE

None Present

COLORADO OPHTHALMOLOGICAL SOCIETY — 1 DELEGATE

None Present

COLORADO PSYCHIATRIC SOCIETY — 1 DELEGATE

- (D) Lauer, James W.

WOMEN IN MEDICINE SECTION — 1 DELEGATE

- (D) Christiansen, Elinor T.

COLORADO CHILD & ADOLESCENT PSYCHIATRY SOCIETY

None Present

COLORADO NEUROSURGICAL SOCIETY

None Present

COLORADO OTOLARYNGOLOGY & MAXILLOFACIAL SOCIETY

None Present

COLORADO DERMATOLOGIC SOCIETY

None Present

ROCKY MOUNTAIN ACADEMY OF OCCUPATIONAL MEDICINE

None Present

COLORADO SOCIETY OF CLINICAL PATHOLOGISTS

- (D) Stienmier, Richard A.

COLORADO RADIOLOGICAL SOCIETY

None Present

COLORADO SOCIETY DERMATOLOGICAL SURGERY

None Present

COLORADO ALLERGY SOCIETY

FPS WANTED

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GENERAL INTERNAL MEDICINE AND GERIATRIC practice and building for sale. Northern Colo., Solo professional corporation. Respond Box G, **Colorado Medicine**, PO Box 17550, Denver, CO 80217-0550. 3/1090

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MEDICAL DIRECTOR—DENVER, CO Full time position available for BC/BE Medical Director to provide medical direction for a hospital owned network of medical centers providing family practice and occupational health services. Requires strong clinical and supervisory skills. Attractive compensation package. Send Vitae to: Box M, **Colorado Medicine**, PO Box 17550, Denver, CO 80217-0550. 1/1090

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Application deadline **December 1, 1990**, or until filled.

Please contact Ingrid M. Hagen, MD, Chief of Staff, Wardenburg Student Health Service, University of Colorado, Campus Box 119, Boulder, CO 80309-0119, tele: (303) 492-5101.

The University of Colorado has a strong institutional commitment to the principle of diversity. In that spirit, we are particularly interested in receiving applications from a broad spectrum of people, including women, members of ethnic minorities, and disabled individuals.

The University of Colorado is an Equal Opportunity/Affirmative Action Employer. 1/1090

LA JUNTA, COLORADO: Seeking full time and part time emergency department physicians for low volume emergency department. Excellent compensation, paid malpractice insurance and optional benefit program. Primary care experience and ACLS certification required. Contact: Emergency Consultants, Inc. 2240 S Airport Rd, Room 52, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496. 1/1090

ADDICTIONIST—DENVER

A Progressive Addiction Treatment Service, in a General Hospital is searching for a Board Certified Internal Medicine or Psychiatric Specialist to fill the position of Medical Director. This service has been in place for 15 years and offers a range of modalities including a 30 bed inpatient unit, day, evening and aftercare program. ASAM certification preferred. Experience in managed care important. Excellent compensation package available. JCAHO and State Certified program. Please Contact: Michael Pantaleo, Psy.D., Saint Luke's Hospital, 601 E 19th Ave, Denver, CO 80203, (303) 869-2280. 1/1090

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The Rocky Mountain Region's largest and most progressive Family Practice Network is seeking full and part time Family Physicians. This well established outreach Network has 13 locations which provide occupational and community Family Medicine to more than 125,000 patients annually. The Network is affiliated with Rose Medical Center, a highly respected 425 bed acute care hospital. Compensation can easily exceed \$80,000 per year. Please send current C/V to Medical Director, ROMED Corporation, 425 South Cherry, Denver, CO 80222.

12/989

EXPANDING GROUP OF INTERNISTS seeking fifth member for varied practice in rural but cosmopolitan mountain setting. Board Eligible and later certification required. Competitive salary and benefits. Contact Tom Morton, MD, 1905 Blake Ave., Glenwood Springs, CO (303) 945-8503. 4/0890

DIRECTOR OF COUNTY HEALTH DEPARTMENT La Junta, Otero County Colorado. The Otero County Board of Health is seeking a talented Public Health Administrator to serve as Director of this rural health department.

Candidates must possess administrative experience and knowledge of public health, Medical Doctor and/or Master's degree in Public Health preferred. Salary negotiable.

Submit resumé to Otero County Health Department, Room 110, County Courthouse, 13 W. Third, LaJunta, Colorado 81050. Phone (719) 384-2584. 3/0890

OCCUPATIONAL/AMBULATORY CARE—Full time experienced physician needed for well established regional medical center in Boulder. Send CV to COHBI, 5440 Conestoga Ct., Boulder CO 80301. Call 443-0687. 4/0790

FAMILY PRACTICE CLINIC—THORNTON. Family Practice/Minor Emergency Clinic needs a BE/BC Family Physician. Competitive salary, incentive and benefits. Contact Don or Linda, (303) 659-1531, ext. 403. 4/0790

On August 17, 1979, a physician removed malignant polyps from a patient's colon. In October 1979, the patient's eyesight began to deteriorate and by December 31, 1979, he was diagnosed as being blind. In January, 1982, another doctor expressed the opinion that the plaintiff's blindness was due to a failure to administer antibiotics before his August 1979 operation. The plaintiff was faced with a two year statute of limitations governing medical malpractice. The Florida Supreme Court held that the limitation period commenced when the plaintiff knew of the injury or the negligent act. The court determined that the plaintiff was on notice of the injury by at least December 31, 1979, when he went in for his operation and came out blind. Therefore, he had two years from that time to commence his action.

On the other hand, the Michigan Court of Appeals held that the question of when a plaintiff discovers an injury is a factual issue which a jury should decide.

On April 22, 1979, plaintiff had an IUD inserted by her obstetrician-gynecologist. On February 2, 1982, plaintiff asked her physician to remove her IUD. The doctor was unable to locate the IUD and had to surgically remove it on March 2, 1982. When the plaintiff attempted to get pregnant one year later, she learned that her fallopian tubes were infected or occluded. In August 1986, the plaintiff read a magazine article which discussed the fertility problems associated with the IUD. She filed a medical malpractice action against her physician alleging that she had become sterile as a result of the physician's failure to warn about the dangers of the IUD.

The plaintiff was faced with a three year products liability statute of limitations and a six month medical malpractice statute of limitations. The court of appeals held that an ambiguity existed in the record as to the date when the plaintiff discovered that her sterility could have been caused by the IUD. Therefore, the case was remanded to determine if the plaintiff discovered or should have discovered her injury when she experienced a pelvic infection in 1981 or if she discovered or should have discovered her injury in August

1986, when she learned the risk of fertility problem associated with the IUD.

Physician Fianance Workshop Scheduled

The Colorado Medical Society Division of Professional Education is sponsoring a one day workshop entitled "Financial Self-Defense" on November 29, 1990. The workshop will feature the expertise of Bruce A Lefavi, answering such questions as how to plan your retirement so you don't outlive your income, how to make your kids, not Uncle Sam, your beneficiaries in estate planning and how to protect yourself from the professionals who are trying to "help" you.

A recent participant said this was "the best workshop I've ever attended." For more information, contact the CMS Division of Professional Education at (303) 779-5455 or 1-800-654-5653, ext. 406.

AMA Teleconference on STD's

"Everybody's At Risk" is the title of a teleconference on sexually transmitted diseases (STD's) sponsored by the American Medical Association (AMA) around the country. The first 90 minutes of the conference will feature a live panel discussion by nationally known STD experts to be viewed at a local hospital. (In Colorado, the hospitals will be University Hospital and St. Anthony Central.

The second portion of the program, also 90 minutes, will feature local public health officials and primary care physicians with patient STD experience. It will focus on local information, resources and reporting requirements.

The AMA has designated this activity for 3 Category 1 credit hours in CME. Call 1-800-621-8335 for registration information. Deadline is October 19, 1990.

CMS Med Fax

Colorado Medical Society provides the following listings of events as a member service only. Some events are approved for Continuing Medical Education credits. Information is provided by the sponsoring organizations. For more details, use the telephone contact at the end of the listing.

Physicians For Social Responsibility

Department of Energy's Weapons Facilities: Health and Environmental Status

Rose Medical Center Auditorium

October 9, 1990

PSR/Colorado (303) 298-8001

Denver Disease Council

STD Clinicians' Update

University of Colorado/Denison Auditorium

October 12, 13, 1990

Teri Anderson (303) 893-7191

Rocky Mountain Multiple Sclerosis Center

MS: What Family and Friends Need to Know

Swedish Medical Center, Spruce Conference Room

October 13, 1990

Elyse Gellerman, (303) 788-4060

American College of Physician Executives

Physician in Management I & II

Nashville, TN

October 15-19, 1990

ACPE, (813) 287-2000

Colorado Department of Health

Colorado AIDS Fraud Conference

Radisson Hotel-Aurora

October 18, 1990

Patti Klocker, (303) 331-8250

American College of Physician Executives

Career Options

Chicago, IL

October 20, 1990

ACPE, (813) 287-2000

Colorado Child Fatality Review Committee

(with support from Colorado Medical Society)

Designing A Better Response: Child Death in the 90s

Children's Hospital Conference Center

October 26, 1990

Jessica White (303) 861-6945

American College of Utilization Review Physicians

Establishing Clinical Practice Standards in the 90's—A

Measurement Monitoring in Quality Outcome

San Francisco

October 26-28, 1990

Janelle Miller, RN, BSN (813) 497-3340

Colorado Gerontological Society

Medicare, Medicaid and Medigap Insurance Made Simple

Writer's Manor, Denver

November 7, 1990

Susan Hellman, (303) 333-3482

National Jewish Center for Immunology and Respiratory Medicine

Chronic Asthma: An Update on Diagnosis and Treatment

Sheraton Denver Tech Center

November 8, 1990

Adele Gelfand, (303) 398-1359

Physicians For Social Responsibility

The Anti-Nuclear Movement in the Soviet Union

Rose Medical Center CTB Room

November 8, 1990

PSR/Colorado (303) 298-8001

Colorado Hospital Association

Patient Transfers—How to Comply with the Law

Registry Hotel, Denver

November 10, 1990

Pam Kennedy (303) 758-1630

American College of Physician Executives

National Institute on Health Care Leadership & Management

Hilton Head Island, SC

November 13-16, 1990

ACPE, (813) 287-2000

Porter Memorial Hospital Foundation

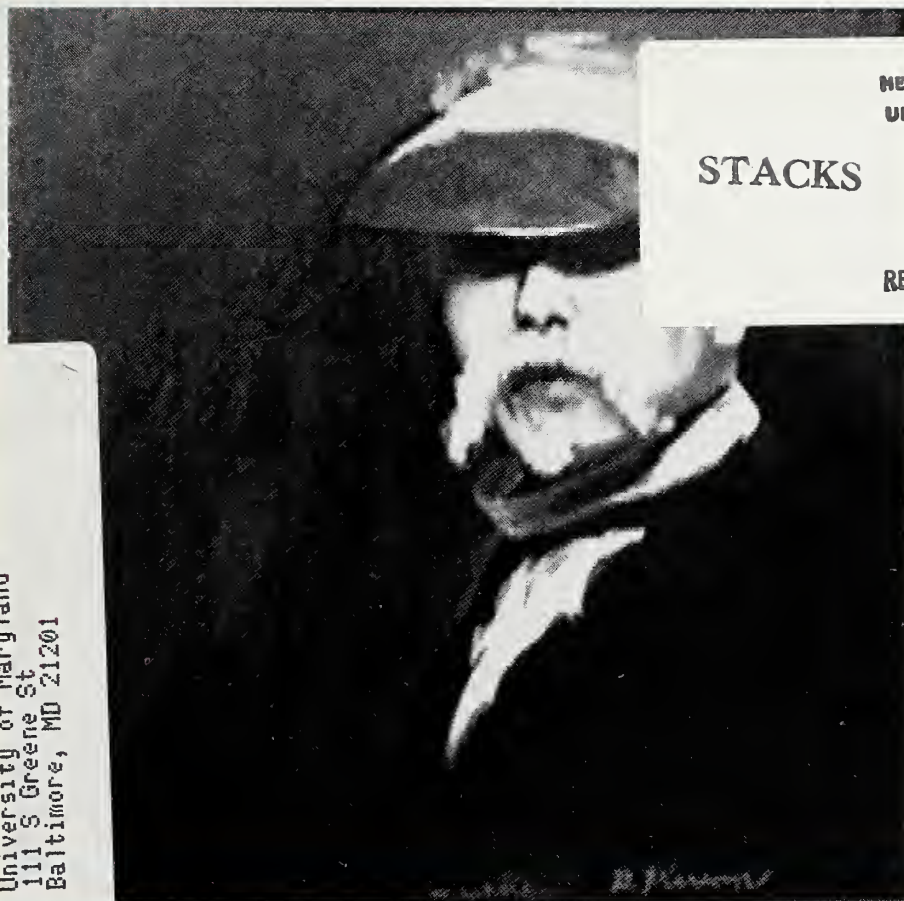
Tenth Annual Heart of Hearts Gala Benefit

(honoring Frank McGlone, MD)

Denver Marriott City Center

November 17, 1990

Judy Gunson, (303) 761-0186



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Moving Into The Future:

The Tools Change, but the Commitment Remains...

In This Issue...

Hello, Is Anybody Out There?

John A. Sbarbaro, MD

The Hot Line

Harrison G. Butler, III, MD

Special Section: Medical Informatics



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AT PRESS TIME...

...a compilation of medically-related news briefs of immediate interest to the physician community occurring after **COLORADO MEDICINE** has gone to press.

CMS Med Fax[®]

by Montgomery Little Young Campbell and McGrew, P.C.

legal counsel to the Colorado Medical Society

Model ETS Ordinance Released

Denver City Council Member Deborah L. Ortega has begun the move toward curbing Environmental Tobacco Smoke (ETS) in Denver by submitting a model ordinance to the city attorney for review. She also announced plans to sponsor a bill to prohibit cigarette giveaways in Denver. Copies of the model ordinance are also being sent to more than 2,000 community and state legislators in Colorado.

The Group to Alleviate Smoking Pollution (GASP) released the model ordinance which, "promotes public health by restricting smoking in public places," according to officials. GASP of Colorado spent a year developing this ordinance, which "basically prohibits smoking in most places frequented by the public, but allows the designation of smoking areas in restaurants. It exempts bars, tobacco stores and private social functions."

The model ordinance has been endorsed by the Colorado Restaurant Association, the Colorado Trial Lawyers Association, the Colorado Department of Health, the Colorado Medical Society, the American Cancer Society of Colorado, the American Lung Association of Colorado and the American Heart Association of Colorado, along with AMC Cancer Research Center, Americans for Nonsmokers Rights, Coalition for a Tobacco Free Colorado, Colorado Academy of Family Physicians, Colorado School Health Council, Denver Public Health and the National Jewish Center for Immunology and Respiratory Medicine.

Currently, says GASP, "thirty cities and four counties in Colorado have laws restricting smoking in public places. However, 240 cities and 60 counties in Colorado have no smoking restrictions at all." GASP made it clear that it is "a nonsmokers' rights group, not an anti-smoking group. GASP has no objection to people smoking in private or in well segregated areas where it will not affect other people's health."

Medical Staff Information Sharing Promoted

The Hospital Medical Staff Section (HMSS) of the American Medical Association (AMA) made several recommendations to the 1990 Annual Meeting on the subject of Medical Informatics and Information sharing.

The HMSS Governing Council concluded that having access to relevant information on a physician is essential to the credentials committee in its efforts to fully and fairly investigate and discuss its findings. AMA agreed with the American Hospital Association that a medical staff cannot be expected to evaluate a physician for membership without relevant information.

The Governing council has issued a report (Report H) which is available from AMA Department of Hospital Medical Staff Services, 515 N State St, Chicago, IL 60610. The report analyzes the various needs for information as well as confidentiality, access and liability. It concluded that the sharing of this information is necessary for the efficient running of a medical staff. Because of this, they are "encouraging hospital medical staffs at the local level to share relevant quality assurance and credentialing information."

This type of information is but one component of a comprehensive data base being advocated in several quarters for the use of physicians, hospitals, payors, and other health care professionals. With such a universal data base, a physician could access information about individual patients, reimbursement patterns, peer review criteria, medical staff policy, quality assurance guidelines and even utilize the expertise of consultants through the computer network.

See special Medical Informatics section beginning on page 321 for more details on these questions.

*by Karen B. Best, Esq.
Associate with the firm of Montgomery Little Young
Campbell & McGrew, PC
attorneys to the Colorado Medical Society*

This column is not legal advice, but is for general information only. For help with specific problems, readers should consult an attorney.

Informed Consent/Negligence Update

When you are prescribing medication, do you have to tell the patient what will happen if the patient uses the medication improperly? One Denver jury awarded substantial damages to a patient whose expert testified that the standard of care required the doctor to warn the patient about dangerous effects of the drug if improperly used. The patient suffered burns to his feet and legs after applying the medication then exposing the areas to light for twice as long as the physician has directed. In reviewing the case on appeal, the Court said that, although the manufacturer's warnings in the PDR do not establish the standard of care, they are admissible to demonstrate that there was a reference source available to the doctor, describing the dangerous characteristics of the drug. According to the Court of Appeals, using the PDR is a permissible way of proving a doctor's negligence.

Controlled Substances

The DEA conducts an investigative audit of controlled substances. It discovers shortages in the number of some drugs in the inventory. The shortages in the inventory are inadvertent and innocent. DEA also finds that the records are incomplete and inaccurate. The drug store did not know that its records were deficient. Can the government file a civil suit against the drug store? Of course. The Controlled Substances Act requires complete and accurate record keeping. Will the drug store win in court since it did know that its records were incomplete or inaccurate? Of course, not, if its records do not, in fact, satisfy the requirements. According to the United States District Court in the Third Circuit, violations of the record-keeping provisions of the Controlled Substances Act are to be judged accord-

ing to a strict liability standard. Generally speaking that means that, if the record-keeping violates the Act, the drug store or other custodian of controlled substances is liable.

Disability Insurance

A surgeon purchased a disability insurance policy which provided benefits, "If disability ... shall prevent the Insured from engaging in any occupation or employment for which he is fitted by reason of education, training and experience for the remainder of his life..." At age 65 the surgeon had surgeries on his shoulder which prevented him from continuing his surgical practice. Did the insurance company pay the benefit? Not without a fight. The company initially denied the claim, arguing that, although the Insured could no longer perform surgery, he could still practice other medical or surgical occupations. The court disagreed. The Insured is entitled to benefits because other types of less lucrative employment would not be suitable, given his "education, training and experience."

Cell Harvesting for Profit

In California, an enterprising physician discovered that cells harvested from a patient's spleen, which had been removed for medical reasons, could be used to develop a potentially lucrative biotechnology cell line, for treatment of certain diseases. Without telling the patient, the doctor periodically obtained blood and other body fluids from the patient. The cells, blood and other body fluids were used for research and commercial purposes. Can the patient sue for conversion or theft? No. Allowing this type of claim would thwart research. What rights, if any, does a patient have to control the use of his cells once they are outside his body? Once the patient consents to the procedure—to remove the spleen, to withdraw blood or other body fluids—he does not have a property right which would provide a basis for litigation. Can the patient sue for a share of the profits his doctor and researchers stand to gain? No. However, the patient can sue for lack of informed consent. The treating physician should have disclosed the intent to use the cells for research or commercial purposes. One dissenting judge recognizes that the claim for informed consent, would be difficult to prove, and virtually worthless if proven in this context. On the other hand, one concurring California Supreme Court judge points out that a claim for breach of fiduciary duty could provide the basis for an award of punitive damages.

continued inside back cover...



Cover Story

As they have in journalism, the tools used in medical practice have changed. However, the tools do not define the quality of the practice. That is determined more by commitment. See page 321 and following for more information on how to carry out *your* commitment to quality.

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John Sbarbaro, MD, MPH
President, 1990-1991

Hello, Is Anybody Out There?

Communication! Agreement! Understanding! - all worthy goals for members of a "learned profession".

But that's *not* the doctors' way!

Yes, we've all seen two physicians reach total agreement on an issue; I've even seen groups of three or four doctors almost reach full consensus; ten stretches any issue; - but 4000! Forget agreement - the best we can hope for is understanding.

However, understanding depends upon communication. Physicians have superb verbal communication skills. Unfortunately, many of our more stimulating issues bring the skills of all involved physicians into play simultaneously, thereby neutralizing the value of each.

But that *is* the doctors' way! Now written communication is something else. The printed page does not talk back and physicians do know how to read (of course, some of us now need large print)! Thus we have a potential channel for communication - the printed word.

But do physicians read?

Yes!

But do they read **Colorado Medicine**? Clearly there is no way for physicians to read the massive amount of paper that arrives on their desks. For example, across my desk come two medical journals weekly, six peer reviewed journals and two medical magazines monthly and **Colorado Medicine**, plus a fabulous assortment of letters from folks eager to help me with my insurance, bills, investments, purchases, election choices, etc., etc., etc. Read it all? - No way! I have troubles just lifting it.

The Colorado Medical Society uses

11% of your dues to prepare and mail you 11 monthly issues of **Colorado Medicine** and the annual Physicians Directory. We have made this written communication our highest priority because without communication there can be no understanding and without understanding there will be no physician agreement. And without physician agreement, there can be no united political, social, economic or professional action! Therefore, we deliberately decided not to publish all that good peer reviewed scientific stuff, opting instead to concentrate on those issues that could impact on your ability to provide care for *your* patients; impending legislation that could impact on *your* ability to do anything; and social concepts with the potential for significant impact on *you* and *your* community. In essence **Colorado Medicine** is unique in its content. It contains issues immediately relevant to *you*.

The Councils, Committees and leadership of the Colorado Medical Society are committed to reflecting your views - but tough to do if our members are not even aware of the issues.

So for the fun of it, if you have read this far, STOP - Please pick up the phone and call us at our toll free number 1-800-654-5653 or our local number, 779-5455, and say "I read it".

If you'll also leave your name, we would like to publish it in our next issue along with the names of the others who call, thus getting some idea of how strong our existing lines of communication are.

The way I see it, this should identify at least 15 physician readers. Now, how do we get the rest of our crowd to read **Colorado Medicine**?

- 1) Should we put all the titles of our articles on the front cover?
- 2) How about stimulating photos scattered throughout the pages?
- 3) Offer our component societies and specialty organizations free space through which to communicate with their members as well (and also save their printing and mailing costs).
- 4) Award the physician who spots his medical license number amongst the pages with a free trip to Durango to have dinner with Corky Butler, the Pres-To-Be.
- 5) Discontinue the magazine and send out a one page "5 minute reader" twice a month?
- 6) Set up a "personals column" for Docs to announce office moves, new partners, ex-partners, new children or grandchildren?

In this issue you will find a questionnaire through which Dick Bakemeier, Chairman of our Council on Professional Education is trying to identify your interests in and desires for ongoing medical education. You will note that we have conveniently left space at the bottom of the survey sheet for your thoughts on how to improve the communication capabilities of **Colorado Medicine**.

Please write your ideas on the survey; tell us where to go! Yes - feel free to suggest any option. NOTE: if you'd care to make your thoughts public, we would be delighted to publish a letter from you to the editor. If you don't like to write, give us a call.

You will also find a proposal by Corky Butler, King of the Hot Line, that may stimulate your thoughts - again, please share them with us! It gets lonely here and we hate talking to ourselves.

The Hot Line



Harrison G. Butler, III, M.D., President-Elect

Lacy, my nine year old daughter, was chosen this year to write a "back to school" article for our newspaper in Durango. She mentioned in her article that "I had butterflies in my stomach when I got off of the school bus and went down the hall where the big kids went to class - hold it, I am one of the big kids!"

I know exactly how she felt when I entered the office of the President of the Colorado Medical Society. I guess I must be one of the "big kids" now, as President-Elect of the largest, most active and, in my opinion, the most prestigious medical organization in Colorado. After six years on the Medical Society's Board of Directors, with the last three years on the Executive Committee, I thought I had a grasp of the serious and sometimes overwhelming responsibility of this Office. It is becoming obvious now that I did not have the full picture of this responsibility and I hope I am a "big-enough kid" to do justice to this position. So much for my musings and doubts.

I believe one of the most pressing issues for physicians is the seemingly daily barrage of "bad publicity" about physicians in the printed and electronic media. We perhaps have not responded well in some instances and not responded at all in others. I want to be able to respond in a manner that is appropriate and timely in those instances where a response should be made. What other organization is better equipped to coordinate such a response than the CMS? We have a dedicated phone line, that can be put into service, already in place at the CMS offices and we certainly have the expertise in the CMS membership and staff to respond factually and reasonably on any subject pertaining to medical issues. If it

involves a legal issue, our legal council is certainly knowledgeable and available.

Our initial plans consist of investing in an answering machine for after hour calls (\$400.00), and developing a list of physicians and other experts willing to respond to issues as they are raised in the media. Also, as we anticipate subjects being raised at the state and national level, we will try to be first in the media, rather than being in a reactive position.

A letter will go out to the County and Speciality Societies seeking to identify those physicians willing to serve as responders. If we do not have a volunteer identified and a hot issue

comes through, we may be calling on you!

In order for this to work, we need to have reports on adverse publicity as soon as possible so we can respond within forty-eight hours or less. CMS will then attempt to get this response printed or broadcast in the appropriate area of the state.

I want your suggestions and opinions, so call or drop a line to me, John Sbarbaro, Sandi Maloney or Bill Pierson at the Medical Society.

I will close with some words of that great philosopher, Satchel Page, who said, "It's not what you don't know that hurts you, it's what you know that just ain't so."

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Continuing Medical Education Interests Questionnaire

prepared by Richard F. Bakemeier, MD, Chairman, CMS Council on Professional Education

The Colorado Medical Society and the University of Colorado School of Medicine are collaborating to identify the continuing medical education interests and needs recognized by Colorado's physicians. Please help by completing the following brief questionnaire and returning it to the CMS as soon as possible.

Name (optional) _____

Address (optional) _____

Telephone (optional) _____

office

other

Primary hospital used _____

name

city

A. Lectures/Courses

1. What location(s) would you choose for attending CME courses or lectures?

City (one or more) _____

Local site (hospital name(s), etc.) _____

Is Denver an option? ☐ yes ☐ no CMS Office? ☐ yes ☐ no School of Medicine? ☐ yes ☐ no

Other (specify) _____ Comments _____

2. Please indicate your choice(s) of topics for CME programs:

a. General Update on _____

b. Update on (specify):

New Drugs _____

Procedures _____

Diagnostic tests _____

c. Practice management _____

d. Medical ethics _____

e. Other (specify) _____

3. Would you prefer:

a. 1-2 hour programs? ☐ At your hospital? ☐ In Denver? ☐—Time(s)? 7AM ☐ 12Noon ☐ 5PM ☐ 7PM ☐ Other? ☐

b. Half-day programs? ☐ At your hospital? ☐ In Denver? ☐

Day(s)? Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun ☐ AM ☐ PM ☐

c. Full-day programs? ☐ At your hospital? ☐ In Denver? ☐

d. Two-day programs? ☐ At your hospital? ☐ In Denver? ☐

Day(s)? (check two) Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun ☐

4. Would availability of AMA/PRA Category I credit make you more likely to attend? ☐ yes ☐ no

B. Teleconferences

1. Would you *regularly* participate in teleconferences from the University of Colorado School of Medicine transmitted live to your hospital, (with a two way telephone contact for questions if feasible and assuming a receiving "dish" is available at your hospital)? ☐ yes ☐ no Preferred location: _____

2. Preferred subject(s) (check desired conferences):

☐ Surgical Grand Rounds (Sat. 7-9AM) ☐ Surgical subspecialty conference(s) (specify) _____

☐ Medical Grand Rounds (Wed. 12 Noon) ☐ Medical subspecialty conference(s) (specify) _____

☐ Obstetrics/Gynecology Grand Rounds (Tues 1PM) ☐ Pediatrics Grand Rounds

3. Would you *regularly* use videotapes of such 1 hour conferences if they were available at your local hospital? ☐ yes ☐ no

Which conferences? (specify) _____

C. General Comments and Suggestions

Please return as soon as possible to: Colorado Medical Society, Executive Office, PO Box 17550, Denver, CO 80217-0550

Speaking Out

In this issue of Colorado Medicine, President John A. Sbarbaro, MD and President-Elect Harrison G. Butler, III, MD both advocate making your opinions known. Dr. Fitzgerald unknowingly applied that advice in advance. We thought you'd like to see the results.

Gazette Telegraph
Letters to the Editor
Box 1779
Colorado Springs, Colorado 80901

Gentlemen:

On October 1, 1990, you published a report about an article published in the British Medical Journal, and the report was quite misleading.

Your report makes it sound like the article favors chiropractic treatment over medical treatment of back pain.

First of all, only 24% of people with back pain in this study were considered appropriate for chiropractic treatment; 76% were considered inappropriate.

Secondly, the article excluded patients with "pending litigation."

Thirdly, the article compared British chiropractic treatment to a wide variety of British outpatient physical therapy treatments. Physicians who practiced in both Great Britain and England report that British chiropractic is quite different from American chiropractic treatment.

The types of physical therapy reported on in this study are not the types of physical therapy which have been reported in the medical literature as being most effective for back pain.

I think the most important fact that is omitted in the report that appeared in the Gazette Telegraph, is that "based on the pattern of chiropractic treatments in the feasibility study, and in discussion with a representative of the British Chiropractic Association, that chiropractors were allowed to give a maximum of 10 treatments..."¹

I think the report that appeared in the Gazette Telegraph is misleading because it sounds as if anybody with back pain, for whatever cause, can see a chiropractor in the United States, and do better than if they seek out medical help. The most rational conclusion that can be drawn from the report in the British Medical Journal is that 24% of people with back pain, excluding those with pending litigation, treated by British chiropractors, will do better than getting suboptimal outpatient physical therapy, using a maximum of 10 chiropractic treatments over the two year follow-up of the study.

Sincerely,

Edward M. Fitzgerald, M.D.
Director of Rehabilitation
MAINSTREAM CLINIC, INC.

¹ Citation: Low Back Pain of Mechanical Origin: Randomised Comparison of Chiropractic and Hospital Outpatient Treatment. Authors: T. W. Meade, Sandra Dyer, Wendy Browne, Joy Townsend, A.O. Frank. *British Medical Journal* 1990 300:1431-7

New Concept in CME

*Roxanna L. Fredrickson, Executive Director.
Colorado Personalized Education Program for Physicians*

The practice of medicine, perhaps more than any other profession, is what some might call a "quality driven" endeavor, one which singles out service to the client, in this case the patient, as its primary objective. To further that objective, leaders in the medical field have long recognized that, in the words of Sir William Osler, "More clearly than any other, the physician should illustrate the truth of Plato's saying that education is a lifelong process."

The mission of the Colorado Personalized Education Program for Physicians (CPEPP), which began providing services on September 17th, is to assist physicians in meeting a variety of individual educational needs as they strive to offer consistently high quality care to patients seeking their help and expertise. These needs may involve the enhancement of technical proficiency, medical knowledge or clinical performance; or they may entail refinement of interpersonal and communication skills.

CPEPP is incorporated as an independent nonprofit corporation and is the joint effort of seven statewide organizations: Colorado Alliance of Continuing Medical Education, Colorado Foundation for Medical Care, Colorado Hospital Association, Colorado Medical Society, Colorado Physician Health Program, Colorado Society of Osteopathic Medicine and the University of Colorado School of Medicine. Dr. Patrick G. Moran is the Medical Education Director; Ms. Roxanna L. Fredrickson, the Executive Director.

While physicians may self refer to CPEPP or they may be referred through a peer review organization, participation is voluntary and CPEPP does not assume any disciplinary authority. The

program's services are viewed as developmental and individuals with serious skill deficits are likely to have needs beyond the scope of CPEPP's program design.

Upon determination, by means of an initial interview, that a physician's needs are indeed compatible with the services offered by the program, an assessment is conducted to define specifically the educational need; a learning plan is defined; and educational resources are identified. During the course of the learning experience, the CPEPP staff monitors progress and may facilitate changes in learning

objectives or the learning plan, as necessary. At completion, the participant is provided with an evaluation of the outcome, and the program follows up with participants to assess the effectiveness of the experience.

CPEPP operates on a fee for service basis, with a standard fee assessed to cover certain program components, but varying tuition according to the nature of the individualized program designed.

More information is available from CPEPP's offices, which are located at 2140 S. Holly Street, Denver, Colorado 80222. The telephone number is (303) 759-9792.



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The Tools Change, but the Commitment Remains



Your medical practice, like the daily news, can seem to be a bewildering flood of data. Wouldn't it be great if you could have your very own wise "Master Editor" to help you make some sense of it? We try to give you *some* help in that process with **Colorado Medicine** magazine. This month we focus on some tools to help you manage *your* information needs before you are washed away.

We don't use hot lead and hand presses anymore like this fellow did in 1885. In fact, this reproduction of a painting was done with the same Macintosh SE we use every day in the production of **Colorado Medicine**. This is the same level of technology that is available to physician offices today. Yes, the tools have changed, but we still have the same commitment to our members that has characterized Colorado Medicine since 1903 and the Colorado Medical Society since 1871.

For 120 years we've been: **CMS Working For You!**



The Tools AND The Commitment

by Bill Pierson,
Director of Communications
Colorado Medical Society

I've been at CMS and involved with CMS for some years now, as an editor inside and outside the organization. Most of the time I have shared an office here with a portrait that hangs on my wall. To me, the portrait has always represented a senior editor looking over my shoulder. If you stand anywhere in my office and look at him, you can almost...not quite but almost...see his eyes beneath that eyeshade, looking right through you and watching everything you do. The picture has been a remarkable influence on me and my work. It has given me the feeling that he (the "master editor") is not there to criticize as much as he is to remind me that I have to see everything through someone else's eyes. That's typically an editor's plight: he has to put himself in the shoes of those involved in the occurrence as well as those who will be affected by the occurrence. He has to live by an empathetic philosophy.

The editor could be anyone...doctor, lawyer, indian chief, news editor...but he represents someone. To me, he represents my principal audience...the physicians of Colorado.

The picture dates back to 1885, just 14 years after the Colorado Medical Society was founded. The picture in our magazine represents the fact that the tools change but the commitment remains.

Herein lies the thrust of our November issue: **Medical Informatics**, a major tool for the good of all medical

practice...or, as I see it, a major short-term failure of the medical sciences to keep up with society.

The reproduction of the portrait on our cover was done by computer. So, big deal, you say. "CT scanners and other high tech equipment have been around for years." True, but this was done with my office editing microcomputer. I'm not talking about such technology; I'm talking about **information**, thereby Medical Informatics.

This term today represents a wide variety of impact on medical practice, to name a few:

- I. Computerized medical records
- II. Computers in Q & A credentialing
- III. Artificial Intelligence systems
 - a. Computer assisted diagnosis
 - b. Computer assisted patient management
 - 1. ICU systems
 - 2. ER systems
- IV. Medical liability reduction with computer assisted order sets, medication management, and system failures avoidance.

There are things afoot in all of these areas, but are the practicing physicians keeping up with them? I wonder...and I am concerned that they may not be. It has been said that we live in an information age. We relate this to the plethora of printed information heaped upon us daily; but this is not the information with which the medical community must be concerned. It is the **vital information** dealing with the practice of medicine itself. Medical

practice information is not practice guidelines, nor reimbursement guidelines. Nor is it quality assessment (defining quality is like legislating the definition of pornography). Today, medical practice information is all those subjects embraced by Medical Informatics as well as the tools to practice (licensure, credentialing, insurance, etc.). It should deal with sophistication in reimbursement and non-medical practice risks. It should deal with more effectively networking our physicians to make the greatest amount of information available to all. These are the things, as seen by a non-physician, in which our information resources should be used. It is, in my view, the natural vehicle on which medical practice should move away from continual defense of its position and regain the role of independent thought and scientific humanitarian pursuits. Remember, the changing of tools does not dim the commitment, but change they must.

Elsewhere in this issue you'll find references by the experts to all of the above. As for me, like the "master editor", I'll continue to watch and report, under the scrutiny of the portrait. By the way, the oil painting in my office is a copy by Brad Pierson (related) of a self-portrait of an American artist, J. E. Johnson (*circa 1885*). As any good artist must be, he was quite an editor himself. Any of you is welcome to stop by some time and see him in the flesh, so to speak.



Become the Physician You've Always Wanted to Be

by Michael P. Thompson
Assistant Managing Editor

We're in an information age. You've heard that often enough that it has become almost cliché. What you haven't heard as often is that you're in an information profession.

When you started out to become a physician, you first had to spend time in school. A lot of time. You were absorbing information. Since then, you've been accumulating more and more information and learning to apply it to human conditions.

However, not only is yours an information profession in an information age, it's driven by information-related forces. Third party payors are constantly updating the information they use to determine how you will be paid. The forces that assess the quality of your medical practice (Hospitals, PRO's, the BME and a host of others) also use extensive information bases. Everywhere you turn, someone is armed with another statistic which they claim shows that you are not doing the job you should.

That is not a tenable situation, says George O. Thomasson, MD, chairman of the Medical Informatics Committee of the Colorado Medical Society and Vice President for Risk Management at Copic Insurance Company, "If you take the archaic approach to education which says 'Do something that's humanly impossible' (memorize all

"...you have an evaluation system out here that says 'I know everything you can't know, but you're accountable for it'"

medical knowledge), and then you have an evaluation system out here that says 'I know everything you can't know, but you're accountable for it, and I know exactly how many times and how often and to what extent you've screwed up, because I'm using the technology that you're not allowed to use.'" Dr. Thomasson tells numerous "war stories" concerning the information forces that are driving physician practice, but can't be controlled by the physician. How long can you continue to practice this way?

The answer to these problems, says Dr. Thomasson, is for the physician to take an aggressive approach to information management. "Medical Informatics". It's happening all around, but the physician hasn't really taken advantage of it as he or she could.

In the next ten years, the successful physician will have to manage information in three critical areas, according to Dr. Thomasson. The first is in connection with the tools you need for medical practice. The Board of Medical Examiners determines whether or not you'll get a license to practice based on

information. Your insurance company determines whether or not you'll get malpractice insurance (necessary for practice) based on information. Your hospital determines whether you'll have staff privileges based on information. Your

specialty society decides whether you'll get credentials by using, you guessed it, information. Each of these has probably informed you of their criteria, but you don't have time to read it all, much less memorize and follow it. How can you apply all these other criteria to every patient you see when you can't really even remember everything you know about medicine? You need an information system which will get the right information into the right hands at the right time. Then you will have the tools to practice medicine, rather than merely the frustration of hearing that you missed something.

The second critical area is reimbursement. "We've got to become more sophisticated in reimbursement areas, as the hospitals have been for a long time," he says. "It's an information game." He points out that when reimbursement agencies change their criteria, hospitals immediately begin updating their billing and diagnostic coding to optimize their payments. But physicians can't afford the level of staffing necessary to do that.

"The physician continues to think of



continued from previous page...

his office computer as merely a billing machine," says Dr. Thomasson, "and because he doesn't understand the process, it continues to send bills into a system that rejects them, not because they were incorrect, but because they weren't in a form it could recognize." He says the solution is to do what accountants do to keep up with the tax code. They buy the software which is targeted toward each year's changes and allow their computers to do the normal, expected calculations and decisions, freeing them up to work out the more complex personal questions for each client.

The third critical area is education. Dr. Thomasson compares current attitudes in medical education to attitudes in mathematical education when pocket calculators first came out. Instead of seeing them as a tool which could free the student from the drudgery of going through the process by hand every time so that creativity could be the primary focus of the process, educators saw them as a threat to the system. He notes that current medical education, which focuses so heavily on memorization of content, puts the same burden on the creative medical student. Instead of learning to manage the information for the benefit of the patient, the student must put in long hours memorizing things which will have to be looked up when needed anyway. Why not give the physician the tools to treat the patient as a person, free from the pressure of having to remember every bit of information which could be applicable?

Those who control the tools you need

to practice medicine, and those who decide how you will be **reimbursed**, all use extensive information management technology. Yet because of your **education**, you are taught to meet this technological challenge with only the memory capacity of your own brain. You can do it, but not as well as you'd like. You can't possibly remember everything you need to know, yet you're held responsible for it in patient care.

Dr. Thomasson says the solution to this is to adopt the philosophy that American auto makers learned from the Japanese. Ironically, he says, the Japanese learned it from an American engineer who couldn't sell it to American industry.

Quality control in an auto plant used

to involve starting up the car at the end of the assembly line and driving it off. If it worked, great, if not, it was scrapped. Of course, this is a rather wasteful way to do things. The engineer's idea was to assess the quality of each point in the process. That way you rarely have a car at the end which won't start.

Information management gives you, the physician, the tools to evaluate patient care at each step in the process and to evaluate the outcome, without having to remember every quality review criteria, each regulation, and all possible reimbursement options. The technology, in essence, frees you to care about your patient. And after all, isn't that why you got into medicine in the first place?

Physician Information Network Growing

Copic Insurance Company has joined the Colorado Medical Information Network, enhancing the usefulness of that network to its members and providing Copic with better communications tools.

The network was started by Integrated Medical Systems, Inc. (IMS). It is designed to link all Colorado physicians via personal computers to hospitals, pharmacies, insurance companies, labs and healthcare organizations throughout the state. It was demonstrated at the CMS Annual Meeting in September. When a physician logs on, he or she can receive individual patient information, background data, test results, even see the X-Rays displayed on screen. The network is part of an effort to link healthcare professionals together and provide them with the information necessary to provide better care more efficiently.

Copic sees the network as a place to educate physicians. George O. Thomasson, MD, Vice President of Risk Management, says, "The network can enhance our seminars with computer based case studies of real life patient situations. Our clients can take this training right on their computers, at their own pace and schedule." Dr. Thomasson envisions the day when each physician will have access to online data on the patient, his or her medical history, possible drug interactions, quality review guidelines, research data, hospital policy, reimbursement options and a host of other data. He sees this as an opportunity to free the busy professional from the constant struggle to remember new information and provide instead, the ability to work with individual patients to solve their medical problems. He hopes this type of technology will enable the rehumanization of medicine.



Information Management...

The next frontier in medical education.

Can the modern physician survive without computer technology? Not likely. Computers interpret EKG's, computers monitor patient in intensive care, computers do your billing, computer databases are used to determine whether you are doing a good job and how you will be paid.

Of course, Medical Informatics is not concerned with computer technology primarily, but with the management of the flood of information with which the modern physician must deal and computers are the main tool for that purpose. That flood begins in college and medical school with the immense body of medical knowledge the student is expected to call to mind at a moment's notice. But is that student ever taught how to *manage* this flow of information?

If current trends continue, this will be the next frontier in medical education. Addison-Wesley Publishing Company in Massachusetts has come out with what appears to be the first dedicated Medical Informatics textbook, designed for use in graduate medical education. What? Another course for medical students? Aren't they already clamoring for less lecture, more emphasis on small group problem solving, more emphasis on decision-making rather than regurgitation of data? Of course, they are, say the editors of this book, and that's exactly why they need a course in Medical Informatics.

"In the past, practitioners handled medical information through resources such as the nearest hospital or medical-

school library; personal collections of books, journals, and reprints; files of patient records; consultation with colleagues; manual office bookkeeping; and (all-too-often flawed) memorization." say the editors in their introduction. "Although all these techniques continue to be valuable, the computer is offering new methods for finding, filing, and sorting information: online bibliographic-retrieval systems, including full-text publication; personal computers, with database software to maintain personal information and reprint files; office-practice and hospital information systems to capture, communicate, and preserve key elements of the medical record; consultation systems to provide assistance when colleagues are inaccessible or unavailable; practice management systems to integrate billing and receivable functions with other aspects of office or clinic organization; and other online information resources that help to reduce the pressure to memorize in a field that defies total mastery of all but its narrowest aspects." The editors claim that this burgeoning of information systems requires that a medical student be prepared properly in school.

The book is called *Medical Informatics: Computer Applications in Health Care*. It is a compendium of articles by various experts in the field, edited by Edward H. Shortliffe and Leslie E. Perreault of the Section on Medical Informatics, Stanford University School of Medicine. Although much information is available on uses of computers in medicine, this is the

first comprehensive and rigorous, yet non-technical, overview of the field, say the editors. It presumes no medical or computer science background, a facet not shared by most publications in the area,

which are either medically or technologically oriented and therefore not as useful, or even understandable, to many students, much less broad enough to encompass the broader social and clinical context.

The book begins in Chapter 1 by providing a glimpse of the future of medical information and the forces that will drive it. Chapters 2 and 3 mention computers only in passing, because they lay the foundation of explaining the nature of data, information and knowledge and how they pervade medical practice and relate to optimal decision making. Chapters 4 and 5 however, deal with computer hardware and software as a basis for the rest of the book.

In Chapters 6-18 the book surveys key biomedical areas in which computers are being used. Conceptual and organizational issues are raised, you are given pertinent history, and the barriers to successful implementation are addressed. Speaking of history, Chapter 19 provides a historical perspective on changes in the way society pays for health care and how that affects medical computing. Chapter 20 focuses in the other direction with a "look to the future—a vision of how computers one day may pervade every aspect of medical practice."

While the book targets graduate medical students, it is not overly technical and may be read and used by a wide variety of specialists and non-specialists. Check your local bookstore or contact Addison-Wesley at 1-800-447-2226 for more information.



Healthcare Leadership: Barking Up the Wrong Tree

by Bill W. Childs

At the recent AHA convention in Washington D.C., I had enough extra time on my hands to read some of the other healthcare media. Several writers had picked up a story from the American Medical Records Association (AMRA) lamenting the woes of "a shortage of medical records personnel." One of the pull quotes in an article stated, "The healthcare industry will need an estimated 75 percent more medical records workers to process vital date by the year 2000."

To further burden our costs, a Pricilla Waner, medical records director at Pacific Presbyterian Medical Center in San Francisco, CA, was quoted as saying, "The new national coding system, to take effect in 1993, will greatly multiply the amount of data work for medical records staff."

No wonder I receive stacks of mail every week lamenting the high cost of healthcare. Virtually everything is causing it to go up. In fact, on Labor Day of this year, the AFL-CIO will launch a "Healthcare Crisis" special to share with the American people what they call a "national shame." A recent story line they sent me reads, "Faced with skyrocketing healthcare costs, deteriorating quality of care and 37 million Americans totally uninsured, can labor succeed in its drive for universal healthcare by moving the

issue off the bargaining tables of this country and into the lap of the U.S. Congress?"

I don't want to move too far from my point, but as all of you know only too well, costs keep going up and everyone cries out, "Stop the high cost of healthcare!" Try as I might, listen as I can, I hear very few solutions to the dilemma.

Then I read the article appearing in four of the eight healthcare magazines at the AHA. I said, "There is a solution for this problem." Healthcare is both information or data and people intensive. Please excuse my boldness, but if I couldn't design and build a computing system to almost totally eliminate the medical records staff by the year 2000, I would hang up my claim to be a past programmer and medical systems analyst.

More people is not the answer; smarter, more comprehensive systems are. The answer is an electronic medical record. The answer is a comprehensive medical database. The answer is total connectivity. The answer is a systems design to friendly that professional use by physicians and nurses is natural. The answer is an investment in systems that save function and time. The answer is an improvement in the quality and productivity in the healthcare delivery system through the use of medical

information systems. The answer is a re-introduction of the industrial or management engineer into the systems process so we might benefit more from these systems we buy.

Is anyone listening out there? Sometimes I don't think so. In July of 1987, in an editorial entitled "A View from the Board" I editorialized about seven major board problems that could be solved by good computer systems. The CEO whose board I was on didn't listen, and to my knowledge they still discuss the seven items at the hospital's monthly board meeting. That CEO was fired the next year, though. Two of those problems were medical records issues.

Will someone implement us a system that will greatly reduce costs in medical records? Two years ago at an AMRA convention I heard a vendor tell a group of medical records administrators that if he did his job right he would eliminate theirs. He was right. I'm still waiting and so is the AFL-CIO and the rest of the American public. They just don't know how it can be done. But we do.

Bill W. Childs is the Editor and Publisher of Healthcare Informatics magazine, published monthly by Health Data Analysis, Inc., 3333 S. Wadsworth Blvd, Suite 333, Lakewood, CO 80227. Call (303) 986-0606 for subscription information.



Mile High News

1990-1991 Vol. 4, Issue 2

Colorado Medical Society Auxiliary

November, 1990

Kit Manart, Editor

A Message from the President



Dear Members:

As officers and committee chairpersons we are beginning the last six months of our year. They will certainly be busier months relating to legislation, health projects, money raising efforts and of course, fun times socially. As Members of your County auxiliary, will you

support your leaders? Believe me, it is such a good feeling to know you care and will contribute by your presence at various functions.

The months of October and November are ideal months for workshops and seminars. Brochures come in the mail offering countless opportunities to study subjects of interest to us. I'm sure you have selected a few.

In the *American Medical News*, September 21, 1990, issue, is an interesting article entitled "Scenes From A Marriage". Each summer the Menninger Clinic in Topeka, Kansas, sponsors a workshop at a resort in the Colorado Mountains. This year it was at Crested Butte. The workshop is not designed for couples experiencing real serious marital difficulties, but for those willing to take the time to talk about physicians' family lives. The article is worthwhile reading.

Speaking of seminars....last November **Richard D. Krugman, M.D.**, Director of the C. Henry Kempe Center, now Acting Dean at the University of Colorado School of Medicine, spoke on "MEDICAL FAMILIES IN THE 90's". He used the word COMMITMENT as an acronym to express ten suggestions.

1. COMMUNICATION

Young and old need to be heard and listened to in a family. Listen wherever you are working.

Clearly express to children what is expected-set limits and stick to them.

2. OPTIMISM

This is sometimes hard, but there are many opportunities in medicine.

3. MULTI-DIMENSIONAL

It is difficult to do other things especially when both parents are professionals.

Children change your life style.

Children are entrusted to you. You are expected to help them become productive members of society.

4. MENTAL HEALTH

It is useful to have someone else to talk with for our mental health.

5. INNOVATION

Nothing is easy regarding raising children. Be flexible.

6. TIME TOGETHER

Parents need time away from children. Try to make a schedule for these hours together.

7. MONEY

Important. No matter how much.

Save for tuitions. Learn management of money.

Save some for "togetherness".

8. EVALUATION

How are things going?

Ask others "How am I doing?"

Change therapy as needed for self and children when there are problems.

Be open to criticism. Have a good friend with whom you can talk over problems.

9. NEW DIRECTIONS, IF NEEDED

Consider a new residency or practice setting when your present situation proves intolerable.

Be aware of opportunities.

Sometimes one gets stale. Taking a sabbatical can help to open whole new vistas.

10. TRUST

Be optimist. Trust yourself and your profession.

These are ten letters to remember **COMMITMENT**. May you and your family have a pleasant Thanksgiving Week-end.

Doris Ballinger, President

1990-1991 CMSA County Presidents



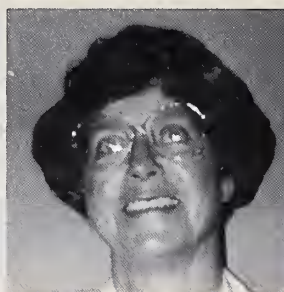
Theresa Orton
Arapahoe



Dodie Haas
Aurora—Adams



Trudy Turvey
Boulder



Elizabeth Whitesel
Clear Creek



Jane Chisolm
Denver



Sandy Brightwell
El Paso



Judi Hildebrand
Fremont



Susie Gunstream

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Jane Nevriy



Clare Fowler

Cathy Rupp
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Patti Benson



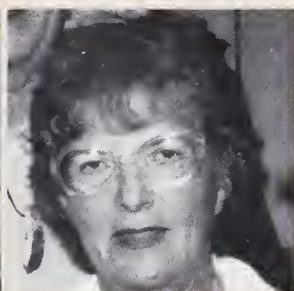
Stella Shanks
Mesa



Lois Hopple
Montrose



Gwen Pohlman
Northeast



Ruth McDonnell
Otero



Jo Ann Shroyer
Pueblo



Sue Kading
Weld

Not pictured: Jane Gerstenberger, La Plata, Kathleen Thompson, Morgan

COUNTY NEWS

Bone Marrow Drive A Success!

The Southern Colorado Bone Marrow Drive by the **Pueblo County Medical Society Auxiliary** on September 30th was a great success! The 137 people who had their blood drawn on that Sunday are now on the National Registry as potential donors. **PCMSA** efforts to promote Bone Marrow testing included raising \$2000.00 through contributions, \$1500.00 through the sale of note cards designed by auxiliary member **Judith Pierce**, and holding an information table at the Colorado State Fair.

Jo Ann Shroyer

President, Pueblo County Medical Society Auxiliary



Becky Brown, Pueblo Co. Bone Marrow Registry

AMA-ERF

Again we reach that time of year when we depend on the dedication of our auxiliaries and the generosity of concerned individuals.

Our auxiliaries have their plans for the year and are beginning the hard work of fund raising. This is where support from the medical community becomes so important. Together, as a team, we can assure our Medical Schools and our Medical Students of our continued support.

The state has had its annual Country Store in Keystone at the CMS/CMSA meeting and we raised \$688.50! Our thanks to the counties who contributed their goodies, time, and effort.

Congratulations to our five AMA-ERF award winners for their 1989-90 work. **Weld County** had the largest total % increase over 1988-89 which was 274%! **Longmont County** had the largest donation per member - \$51. And for the largest total donation and the winners of the **Alice Smith Award**, the following three counties are to be congratulated:

#1 **Pueblo County** \$4188.30

#2 **Denver County** \$3520.45

#3 **Clear Creek County** \$2438.50

As winners of the Alice Smith Award, the counties receive a check from **Mrs. Frances Boyer** in the memory of her long time domestic Alice Smith, who died of cancer while in the Boyer family service.

I will be working on the details of the CMS/CMSA Board members Sharing Card, and will be getting the information to you soon.

Anne Piccone, AMA-ERF State Chairman



Anne Piccone mans the Country Store in Keystone

Confluence: Changes in the Works

I just got back from Confluence I in Chicago and have some late breaking news to report.

The National Auxiliary's Structure Review Committee has recommended some rather sweeping changes in the way the AMAA will look and function in the future. There are actually twelve recommendations which, after input from state and county auxiliaries, will be presented as a resolution to the national convention in June. The goal is to create a more efficient and responsive organization.

One of the most controversial changes recommended was in the nominating committee. Members would be elected at large, rather than from representative districts. A positive recommendation was that ten "field directors" be appointed to work with state and county leaders, forming a much more horizontal organization and increasing communication for better grass roots involvement.

The details are not all clear yet on these proposals. I have the text of the twelve recommendation and will soon receive a "white paper" giving a fuller explanation. We will have a national representative come in the Spring to explain some of these proposals. Please watch future issues of Mile High News for further details!

Doris Ballinger, President

CALENDAR

Regional Meetings:

October 25	Western Region/Grand Junction
November 1	Southern Region/Colorado Springs
October 10/Jan 30	Metro Region at Denver

Winter Board Mtg. Jan. 15, 1991

Legislative Day Feb. 11, 1991

CMS Interim Mtg. March 9-10, 1991

Sheraton, Lakewood (CMSA will have a Sat. AM Mtg.)

Mini Confluence March, 1991 date to be announced

Doctors' Day March 30, 1991

Spring General Meeting and Installation of officers
April 29, 1991

Meeting in Keystone



Among the highlights of the Annual Meeting were many encouraging remarks from our guest, Mrs. Sherry Strebel, the AMA Auxiliary President-Elect.

The following resolutions were passed at the House of Delegates:



Resolution #1 The CMSA will encourage each county auxiliary to utilize recycling programs at the local level.

Resolution #2 We will follow sound environmental practices and will encourage public awareness of existing environmental programs in our communities. We will also collect environmental information and disseminate it to our membership.

Resolution #3 The CMSA will encourage each county auxiliary to support the Colorado Mammography Fund with contributions of finance and/or time and effort.

Resolution #4 The CMSA recommends that each county, with permission from local school districts, place a seat belt reminder sign at the exits of high school parking lots.

Resolution #5 The CMSA will use and encourage local county auxiliaries to use recycled white paper and to print all of their notices and publications on both sides of the paper.

Resolution #6 To be studied further. Concerns disposable diapers.

Resolution #7 Auxilians will encourage and support educational programs aimed at curbing sales of tobacco to minors, and to prevent and to curb tobacco use.

New friends and old acquaintances gathered in Keystone for both official and social activities.



Improving the Image of Medicine



The AMA Auxiliary is calling for participants in its new campaign designed to improve the image of the medical community by letting people know that physicians as well as their spouses share a deep commitment to improving the health and well being of the people of this nation. To this end, the Auxiliary is planning a comprehensive media campaign through

communication and publicity chairmen at state and county levels, providing them with instructional materials, guidance, and support.

Auxiliary regional directors have called their city chairmen the week of September 14 to discuss the campaign and ideas for getting involved. During the coming year, workshops will be held and "Working with the Media" handbooks and fact sheets will be provided. In addition, publicity chairmen will receive three AMA Auxiliary news releases a year highlighting health issues of national concern.

The overall thrust of this campaign will be to convey through effective use of the media the dedication of physicians to improving the health and quality of life of all people. We spouses share this dedication, so let's join together in an effort to get the good news out to the people across our cities, counties, states, and nation!

The Hall of Life Needs You!

Phase II of the new Hall of Life, at the Denver Museum of Natural History will open to the public on November 16, 1990. Areas on Health and Fitness, Nutrition, Stress and Drugs highlight these hands-on interactive exhibits and compliment the first phase which opened its doors in November of 1989. Phase I exhibits focus on How Life Begins, Genetics Anatomy and the Five Senses.

In this new phase the Life Card, used only to activate certain exhibits in Phase I, will be used to record personal data such as height, weight, blood pressure, pulse and lifestyle information. As visitors leave the exhibit hall, they may choose to receive a printout of their information or join the Life Club for a nominal fee (free to museum members).

As the Hall of Life opens Phase II, there is an increasing need for volunteers to assist visitors, conduct mini classes and demonstrations in the exhibit hall, answer questions about the exhibits and demonstrate at educational booths at fairs such as the Always Buy Colorado Trade Show. Currently, the Hall of Life has a dedicated group of retired, semi-retired and practicing health professionals who enrich our volunteer program, but, they need help!

Please call 370-8236 for more information.





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Influenza:

A Preventable Disease Finally Being Prevented in Colorado

by Steven R. Mostow, MD, Acting Chairman, Department of Medicine, University of Colorado Health Sciences Center
Chairman, Influenza Alert Committee, American Lung Association of Colorado

Influenza is an infectious disease caused by three separate viruses. Type A Influenza causes epidemics of disease, hospitalization and death among adults. Influenza B causes epidemics in children, rarely affects adults, and almost never causes excess mortality. Influenza C rarely causes severe infection.

For the past five years the American Lung Association of Colorado, in conjunction with the Colorado Medical Society, the State health Department, and a large coalition of lay groups and persons, has worked hard to improve immunization rates in our state. Vaccine utilization has more than trebled and the incidents of influenza reported to the State Health Department has slowly declined over the five years of the program. However, there is a long way to go.

Influenza is a very important disease. Last year (1989-1990), more than 5,000 cases were reported to the State Health Department. Nearly 900 people died, and the health care costs have yet to be calculated. In the United States, more than 55,000 Americans died during the same time period and health care costs are expected to exceed twelve billion dollars. Thus, influenza is not only an important disease for the individual, it has important society impact as well.

Influenza is preventable. Influenza vaccine is updated each year. The reason for the annual changes is that the virus mutates and changes. These changes make last year's immunity passé. Changes in the composition of the vaccine are ordered by the Centers for Disease Control based on world wide influenza activity. As the virus changes, new updates of the various strains in the vaccine are added to reduce the impact of the illness as much

as possible. When properly formulated, influenza vaccine prevents illness in about 70% of recipients. The vaccine works better in persons under 60 than it does in persons over 60 and it works better in people who are less debilitated than those who are highly debilitated. In addition to preventing disease, influenza vaccine modifies the disease in those it fails to completely protect. In other words, there are fewer immunized patients who need hospitalization or require visits to physician offices, and they spend fewer days in bed compared to those who are not immunized. Finally, influenza vaccine is most effective in preventing mortality. It is estimated that it is between 85% and 100% effective in preventing mortality.

In terms of safety, influenza vaccine causes systemic reactions (fever, Malaise) in less than 1% of recipients. Currently fewer than 20% of recipients even have a sore arm the following day. The safety factor continues to improve as new techniques for purification of

the vaccine are constantly developed and implemented.

Influenza is a treatable disease. Amantadine hydrochloride (*symmetrel*) is very effective in preventing influenza illness in those persons in whom vaccine has contra-indicated. Additionally, older and/or debilitated adults also should receive amantadine in the face of an epidemic even though they are immunized since, influenza vaccine and amantadine's effects are additive, thus further reducing the risks of disease.

Physicians should consider offering their high risk patients influenza vaccine because it is safe and effective. Furthermore, for the next two years, Colorado physicians will be reimbursed \$10 for immunizing their elderly patients as part of a Medicare demonstration project. Colorado has become a leader in the USA vis-à-vis influenza. We can do a better job, however, because nearly 60% of high risk patients are not immunized.

Influenza Alert

Influenza A is expected to be in Colorado from December through the end of March.

American Lung Association of Colorado (ALAC) recommends immunizing: persons over 65; patients with underlying heart and lung disease; patients with endocrinologic, renal disease or other immunosuppressive illness.

Supplies of vaccine appear to be plentiful.

Optimal immunization time is October and November, however it can be done at any time the patient is not infected.

Amantadine hydrochloride can be used for prevention and control of symptoms. It can be used for patients who cannot or will not be vaccinated, for two weeks while waiting for vaccine to take effect or as additional protection for high risk patients. ALAC notes that 100 mg bid will reduce both the severity and duration of Influenza A in patients who have already contracted the disease.

Between September 1, 1990 and April 30, 1991, Medicare will pay 100% of its approved charge for influenza vaccine (not boosters) for its beneficiaries. See **Colorado Medicine** for October, 1990, p. 299, for more information or call 1-800-332-6681 or 831-2661.

Call ALAC at (303) 388-4327 for more information and patient brochures.

RBRVS

Model Fee Schedule Published by HCFA

by Lynne Northcutt, Program Manager

As of January 1, 1992 the Omnibus Budget Reconciliation Act of 1989 requires that the current reasonable charge payment mechanism for Medicare be replaced by a resource-based relative value system (RBRVS). This fee schedule is to be phased in, being fully implemented in January, 1996.

In response to that requirement, the Health Care Financing Administration (HCFA) published in the *Federal Register* dated September 4, 1990 a preliminary copy of the model fee schedule. This fee schedule contains relative values for about 1,400 procedures. When completed, approximately 7,000 procedures will have established values.

Components of the Relative Value

Each procedure will have a relative value unit (RVU) assigned. These RVU's are derived by considering three components of each procedure: work, overhead and malpractice.

The work component is based on the Harvard Study. It is intended to reflect the resources required to furnish the service, including time and intensity of effort. The cost of the work component was calculated using average hourly earnings of workers, based on a 20% sample of 1980 census in non-physician professional specialty

occupations (teachers, engineers, etc. with five or more years of college). Actual reported earnings of physicians were not used.

Specialty societies were asked to identify problems related to work relative values for surveyed services, cross-specialty links, families of services and benchmark services used in the extrapolations.

Overhead and malpractice RVU's are based on historical data. **Overhead** is a fraction of total physician revenue, weighted by specialty and applied to estimated 1991 average allowed charges under the old reimbursement methodology. Included in overhead are employee wages and rents, medical equipment, supplies and "other" expenses.

Malpractice costs were based by states on premiums paid for policies of coverage for \$1 million/\$3 million.

Once the three RVU components were determined for each procedure, a geographic adjustment factor is applied to each component. The Geographic Cost Indices (GPCI) are intended to adjust for varying "expense" factors throughout the country.

It is the geographic adjustment to the relative value units that will have the most affect on payments in different localities. It was determined that medical supplies, equipment and "other" expenses did not vary appreciably among areas. These components therefore, were not weighted based on

locality. The geographic index is also applied to only 1/4 of the work RVU since much of this component remains constant across the country.

After the application of the geographic adjustment factor, allowed amounts are calculated by totaling the adjusted RVU components and multiplying by a national conversion factor. HCFA is currently computing allowed amounts using \$1.00 as the conversion factor. HCFA states this conversion amount is not arbitrary, but is preliminary and subject to change.

Differentials will be established allowing non-participating physicians 5% less than participating physicians. Non-participating physicians will have their MAAC's (Maximum Allowable Actual Charge) replaced by a new limiting charge, effective January 1, 1991. This is commonly referred to as the new balance billing limit.

OBRA-89 also established the Medicare Volume Performance Standard (MVPS).

The MVPS represents the government's judgement of how much of an increase in expenditures is appropriate for Part B. The Secretary has recommended an increase of 8.7% for surgery and 10.5% for non-surgical procedures for fee year 1991. Failure to meet the MVPS in any given year could result in a decrease in the update index for the following year.

continues on following page

Model Fee Schedule: Impact and Issues

It is difficult at this time to determine the impact of these changes on Colorado physicians. It is anticipated that reimbursement for cognitive services will be increased, while surgery may decrease. Total impact will not be known until numerous issues are resolved.

Although the law had prescribed many of the procedures and methods that had to be used in the development of the new fee schedule, a number of key payment, policy and technical issues were left to the discretion of HCFA to resolve. A few of these issues are discussed below.

1. A precise methodology is needed for determining the fee schedule conversion factor.
2. Geographic adjustment factors, based on localities, play a large part in determining reimbursement. HCFA recognizes a lack of consistency among the current localities. Should they be updated? Perhaps some other configuration should be used? (Colorado is currently one locality, which means reimbursement does not vary between metropolitan and rural areas.)
3. Some carriers pay for services and supplies that are incidental to a physician's service. A uniform national policy must be developed.
4. The coding for medical visits needs to be reformed. Changes in coding could include adding time as a factor. The number of levels of service that are available could be changed.
5. A uniform definition of global surgery is needed. A national policy needs to be developed which specifies which preoperative, intraoperative and postoperative services are included in the global fee and which can be billed separately.
6. How should assistant at surgery be paid? Should the assistant be paid at a percentage of the global surgery or perhaps a percentage of only the intraoperative portion of the surgery? Should payment to an assistant reduce the payment to the surgeon?
7. Should anesthesia time units be incorporated into the relative value units or left separate?

Relative value units that are published are likely to be revised during Phase II of the Harvard Study. National policies will also remove the latitude carriers have had in applying medical policy and processing claims.

The Colorado Medical Society (CMS) has prepared a summary of HCFA's report on the model fee schedule which appeared in the *Federal Register* dated September 4, 1990. Members can obtain a copy by contacting Debbie Jones at 779-5455



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November: Diabetes Month

by Amy Sage

The month of November is designated as Diabetes Month. An estimated 80 thousand Coloradans have diagnosed diabetes, another 80 thousand persons may have the disease but don't know it. Diabetes is the eighth leading cause of death in Colorado. In 1988, there were 1,293 diabetes related deaths among Colorado residents.

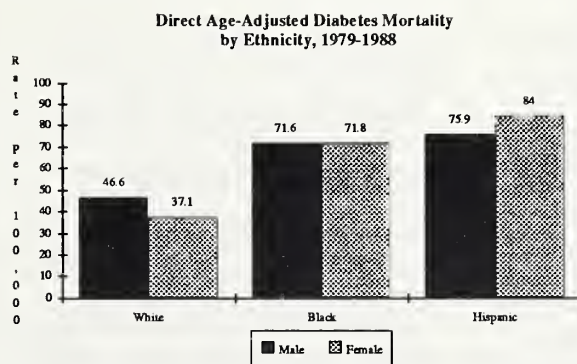
Several thousand Coloradans experience complications from diabetes each year, including pregnancies complicated by gestational or established diabetes, amputations, blindness or renal disease.

To prevent these complications and to improve care, the Colorado Department of Health's Diabetes Control Program has projects underway in the following: Diabetes and Pregnancy, Eastern Plains Diabetes Intervention and Diabetes Surveillance.

—Diabetes Surveillance Project: This project is evaluating the ability of existing datasets to characterize the disease's prevalence, complications and mortality. These data sets include birth and death certification, hospitalization datasets, End State Renal Disease Network #15 data and the Behavioral Risk Factor Survey. The goal is to be able to target prevention and intervention efforts more precisely through surveillance data.

An executive summary of the diabetes Mortality Report is now available. Please call Barbara Gabella, researcher in the Diabetes Control Program, at (303) 331-8295 for a copy.

—Diabetes and Pregnancy: The project tracks information about both pregnant and non-pregnant women with



diabetes through a registry. One of the goals is to help educate women with diabetes about pregnancy before they become pregnant, in order to reduce perinatal mortality and morbidity.

Health care providers are encouraged to educate their female patients who have diabetes, or patients may contact the Diabetes and Pregnancy Project to receive information.

A new goal this year is to develop a program to address gestational diabetes.

—Eastern Plains Diabetes Intervention: This intervention project has been underway for the past five years, working with health care providers to increase referrals for eye exams. Of the 140,000 people living in 16 counties, an estimated 3,500 have diabetes and an estimated 1,409 have diabetic eye disease.

Recently, two community advisory groups have been established in La Junta and Sterling. The state Health Department is working with them to

address other diabetes related problems in their communities besides eye disease.

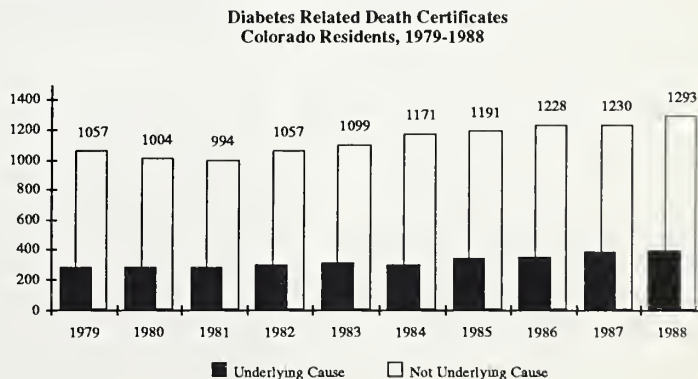
The State Board of Health named a Colorado Diabetes Advisory Council earlier this year to assess diabetes in Colorado and develop a plan to deal with it.

Twenty seven health professionals and private

citizens have been named to the council. The chairman is Richard Abrams, MD, and subcommittee chairs are: James Delaney, MD, Pregnancy Committee; Marilyn Graff, RN, CDE, Access to Care Committee; Georgeanna Klingensmith, MD, Acute Complications Committee; Al Munson, MD, Chronic Complications Committee.

These committees will be accumulating statewide information to develop the plan to present to the Board of Health by next fall. To give input, contact the chairpersons or the Diabetes Control Program at the State Health Department.

For more information about the Diabetes Control Program, contact Connie Feters, RN, CDE, program coordinator, at (303) 331-8370





Ducking "Things" Gives MD Time Needed for Patients

by George S. Conomikes

(Ed. Last month, Mr. Conomikes explained that much of a physician's time is used for routine "things" such as paperwork, telephone calls, committees and the like, rather than for patients. How can you get more out of your work week? Decrease your non-hands-on time with some of the following suggestions...)

Do Routine Work Routinely

If you are going to have to spend 500 of your 3,000 working hours on forms, forms, forms, it can become an oppressive task if you decide it's oppressive.

Suggestion: Why not set aside a particular time to do your paperwork and do it well? Don't do some paper work every day. Do a lot of paperwork once a week. There is nothing generally pressing, for most of your paperwork—especially routine stuff—should be handled routinely.

Do routine work routinely. On your down time. And do it all at once. You'll do it faster, since you'll have a lot facing you. You'll organize your correspondence; you'll go through your forms work speedily.

Result: Rather than spending 5 hours (1 hour per day for 5 days), you should speed it up to 4 hours. Net gain: 1 hour per week.

Keep your busy Mondays and Fridays free to practice medicine and see those patients. Do your "scut" paperwork on a slower than usual day with specific time set aside.

A Trained Employee for Forms

Today's physician should attempt to have an employee who has great competence in processing insurance forms.

Ideally, the physician should do little more than review any but complicated medical procedures. The "right" employee should know: how to get data from the patient's charts (office and hospital); how to enter the data onto insurance forms; how to complete all insurance forms requirements; when to ask for your help.

At least 20% of the physicians we have in our Workshops indicate that they no longer even review any forms going out of their offices. Another 30% do nothing more than sign or spot check such forms.

Do yourself a favor—get a good person to do your routine "forms" paperwork for you.

Sometimes a good bet, especially for the smaller medical office, is to hire a part time worker whose only responsibility is forms preparation.

More Letter Efficiency

A significant portion of the physician's correspondence can be categorized as being "replicable". In other words, what you want to write to

someone is the same as you have already written to someone else.

To save time on this type of communication, develop a series of "standard" letters.

These can be hand typed if you want them personalized, but the message is the same. It's called a "stock" letter. If you don't think the message justifies hand typing, then you could resort to form letters, which can be run off by your printer, or by a quick copy service. Form letters could be on your stationery or in another format.

Some "standard" letters to be considered in the physician's office:

1. Discharge of patient from your practice.
2. "Thanks" to referring physician.
3. Response to attorneys concerning their requests for patient information.
4. Explanation to insurance companies indicating why you use AMA approved Health Insurance Council forms, instead of theirs.
5. Informing patients, and the physician, when patient records are sent to another physician.
6. Response to insurance carriers requesting summary of findings on one of your patients.
7. Answers to written requests for charitable donations.

Physician's Recognition Awards

The following Colorado physicians have been recognized by the American Medical Association for their dedication to the art and science of medicine.

Richard F. Beatty
Sherrie A. Caldwell
Thomas E. Carter
Kent E. Gay
John S. Heavrin
James E. Hutchinson
Philip L. Lewis

Gerald S. Maresh
Jill S. Montrey
Ralph G. Ratcliff
Robert W. Rees-Jones
Victor L. Schramm
John C. Scott
Amber D. Steinsiek
Leslie A. Stewart
Heidi W. Tessler

A

lcohol Use By Physicians

by Stephen L. Dilts, MD

Medical Director

Colorado Physician Health Program

In my work as Medical Director of the Colorado Physician Health Program, I have become increasingly aware, not only of the use of alcohol by physicians when on call and at lunchtime, a topic which I addressed in an earlier editorial called *The No Martini Lunch* (see **Colorado Medicine** for December 15, 1988, p. 508), but also of the use of alcohol at medical staff meetings. I would like to further address these issues in this editorial.

It seems to me the use of alcohol by physicians is a subject that stirs up more emotion than one might expect, reflecting the legal status of alcohol and its widespread use in our profession. Clearly none of us would advocate that a physician function while intoxicated. However, this statement leads to difficult decisions about what level of alcohol is acceptable for professional functioning. It is hard to agree on a minimum level past which we would all agree that functioning is not possible. Do we choose a blood alcohol such as 0.05 (the legal level of "driving while ability impaired" in Colorado) or do we agree that *any* use of alcohol has some effect on performance, an effect which

"Shouldn't we set a better example for patients and colleagues?"

increases as the blood alcohol level increases? Furthermore, the odor of alcohol on a physician's breath certainly has a strikingly negative impact on patients. Even if the odor does not reflect a high blood alcohol level, the patient's confidence in our abilities is drastically affected.

Given that it is hard to make clear cut decisions about what level of drinking is acceptable, it seems clear to me that when we are in our roles as professionals, whether on regular duty or on call, the easiest decision to make is to *not* drink. This eliminates the odor of alcohol from our breath and questions about our ability to function in terms of blood alcohol level. The use of alcohol at evening medical staff meetings is wide spread and in fact, shocking at some hospitals. The doctors at these meetings, when the meeting is held in

the hospital, cannot help but pass through the halls of the hospital on the way out and are then going to be perceived as having been on duty while drinking, whether they actually see a patient after the staff meeting or not.

Shouldn't we set a better example for patients and colleagues in the hospital setting? I would recommend that we eliminate alcohol use from the hospital setting and that we carefully look at our habits with respect to the use of alcohol when we may be called upon to act in our professional capacities.

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*Donald Parsons, MD, Chairman, Council on Legislation
with
Sue Ellen Quam, Director, Department of Government Relations
and
Lorraine Koehn, Program Manager/Lobbyist*



***An analysis of 1990 Ballot
Proposals provided by the CMS
Department of Government
Relations (The information
contained herein is excerpted
from information provided by
the Legislative Council of the
Colorado General Assembly)***

**Amendment No. 1 - Tax Limitation -
Voting**

An amendment to article A of the Colorado Constitution to require voter approval for certain state and local government revenue increases; to restrict property, income, and other taxes; to limit the rate of increase in state spending; to change property valuation and assessment laws; and to provide for additional initiative and referendum elections and for the mailing of information to registered voters.

The proposed amendment to the Colorado Constitution, which will generally take effect on December 31, 1990, places limits on the authority of the state and all local governments to raise revenue and on the state to expend such revenue. The limits would:

Limits on state and local government revenues.

—require voter approval before the state or any local government may impose new taxes, tax rate increases, tax extensions, or other changes in governmental policy that directly provide a net gain in tax revenues to the state or local government (except as permitted for emergency taxes or for inflation plus local growth in the property tax base);

—require voter approval for creation of government-backed debt or other financial obligations that extend past the fiscal year incurred without adequate cash reserves irrevocably pledged for all future payments (except for refinancing debt at a lower interest rate or adding new employees to existing pension plans);

- require voter approval before any license, permit, or fee is enacted or an existing charge expressed in monetary terms and not as a percentage for a license, permit, or fee is increased more than the percentage change in inflation since December 31,

1990, or to more than the next whole dollar every five years or more beginning in 1995;

—require that any revenue collected in the first year after a voter-approved increase that exceeds the amount the government said (in an election notice) the increase would produce is to be refunded by reducing the revenue source to match that first-year estimate and that the revenue source be reduced proportionately in all future years, and require that the cost of future bonds may not exceed the maximum cost stated in the election notice mailed by the government;

—require the state and local governments to reserve three percent or more of their fiscal year spending (after an initial two-year phase-in-period) to be used in declared emergencies only, with any unused funds to be carried forward to meet the next year's minimum reserve;

—permit a tax increase to be imposed for an emergency, after the required emergency reserve has been spent. Amounts not spent on the emergency would be refunded. An emergency tax would expire if not approved by voters at the next election;

Several provisions of the proposal raise questions as to meaning of terms and how the provisions are to be implemented. A discussion of some of these practical and legal questions may be helpful in understanding the possible impact of the proposal.

Arguments For

1) The requirement for voter approval of any new taxes or tax rate increases will provide an incentive for public officials to manage tax dollars more responsibly and to be more accountable. Revenues are allowed to grow as the economy grows, but an increase in the government's share of growth will only be permitted if the people approve. The proposal does not determine how the revenue is to be spent, but rather allows the voters to determine how much government they can afford.

2) The proposal limits the property tax on homes to no more than 69 mills, plus voter-approved debt (essentially equivalent to one percent of market value).

3) This limitation will allow for government services to an increasing population in inflation-adjusted dollars, but government will not be able to grow at the expense of

the private sector unless the voters approve of an exception.

4) Increasing fees and charges rather than taxes is prevented because fee increases above the inflation rate will require voter approval. Borrowing will be discouraged by the requirement of an election.

5) Business is reluctant to invest when tax rates are going up regularly. The economy is in trouble and government must share in the hard times.

Arguments Against

1) The proposal will weaken representative government and local control. For more than a century the people of Colorado have been well served by the process of governance through elected state and local representatives. Every voter could not possibly become thoroughly informed about the budgetary needs of all units of government. Government by initiative and referendum is cumbersome, expensive, and not subject to the checks and balances of representative government.

2) Rigid tax and spending limitations placed in the constitution are an inflexible way to govern our society. The authority for elected representatives to respond to emergencies is overly restrictive. Representative government is premised on the notion that government should retain the option of changing laws as times change.

3) The effect on the proposal goes far beyond the purpose of curtailing growth in government. The proposal reduces existing local revenues to provide needed services. Many governments are already experiencing problems in providing needed services because of revenue shortfalls, which have already resulted in reductions in important governmental services. Local governments would be less able to respond to federal mandates, which are unaffected by the proposal.

4) Several provisions of the proposal are vague and subject to conflicting interpretations. Extensive and expensive litigation will be necessary to resolve the meaning of the various provisions, plus lawsuits will inevitably arise as governments try to abide by the provisions of the proposal.

5) State and local government expenses will be increased because of the election requirements. The proposal will base the

limit of any increase in expenditures and revenues, other than through voter approval, on statistical measures which may not reflect the true need or cost of services, and which have questionable relevance to the increased cost of providing public services, to the increased demand for public services which accompanies economic growth, or to the cost of federally-mandated programs. Any allowable inflation adjustments will always be retrospective, or after the fact. Thus, if license, permit, and user fees are set to recover government costs, recovering all of those costs will be impossible when there is inflation.

Amendment No. 2 - Presidential Primary

Shall the State of Colorado conduct a presidential primary election which conforms to political party rules at which electors shall cast votes for qualified candidates of their political party, and the results of which may be used by political parties to allocate delegates to national political conventions for the selection of a presidential candidate at such conventions?

Provisions of the Proposed Statute

The proposed statute would:

- provide for a presidential primary election in Colorado for the selection of delegates to national political conventions which will select presidential candidates of political parties to be voted for at the succeeding general election;
- allow the General Assembly, during the 1991 session, to determine the exact date for the presidential primary election;
- allow an elector to vote only for a candidate of the same political party as the elector and allow an unaffiliated elector to affiliate with a political party and vote in the party's primary election on the day of such election; and
- require each political party, to the extent permitted by state and national political party rules, to use the primary election results to allocate delegate votes to presidential candidates for the presidential nominating convention of that party. Political parties do not need to allocate delegate votes to candidates who receive less than fifteen percent of the votes cast in the presidential primary election for that party.

Current state law does not specifically address the procedures for selection of delegates to presidential nomination conventions. This is left to the political parties. The statutes do contain other requirements for the conduct of precinct caucuses and the county, district, and state assemblies. If the electorate approves a presidential primary, the Democrat and Republican parties in Colorado would have to develop new rules for the selection of delegates to the national conventions.

Arguments For

1) A presidential primary would give Coloradans more influence in the selection of presidential candidates. Such a primary would afford Colorado voters, who have declared a party affiliation, an opportunity for more direct and more meaningful participation in the determination of their party's nominee for president.

2) Because the influence of the state in the presidential nominating process would be increased, a presidential primary would encourage presidential candidates to actively campaign in Colorado and to pay greater attention to the issues of concern to Coloradans. A presidential primary would focus national media attention on issues of importance to Colorado and the West.

3) A presidential primary would stimulate voter interest and voter participation.

4) The Colorado General Assembly is given the flexibility to fix the date of the primary election to coincide with the dates of the presidential nominating process in other western states. Adoption of the proposal could be a step toward the establishment of a regional presidential primary similar to the "Super Tuesday" regional primary in which many southern states participate.

Arguments Against

1) Presidential primaries generally result in presidential nominees who feel less obligated to congressional and other national, state, and local party organizations and more dependent on the candidate's own organization and contributors.

2) Presidential primaries simply provide a popularity contest for the more well-known candidates.

3) A presidential primary would encourage a movement away from the party organizations and thus would decrease the input of political party regulars who are most apprised of a presidential candidate's strengths and weaknesses. Conversely, caucuses give party members a chance to meet and debate the issues before a vote is taken.

4) The office of Secretary of State estimates the cost of a general election to be approximately \$3.0 million and the cost of a presidential primary would approximate \$2.0 million. A closed presidential primary in Colorado would limit the number of eligible voters participating in the election because more than one-third (36 percent) of Colorado's registered voters are unaffiliated.

Amendment No. 3 - Obsolete Provisions

An amendment to Articles IV, VII, XI, XII, XIII, and XVIII of the Constitution of the State of Colorado, concerning the repeal of obsolete constitutional provisions.

Provisions of the Proposed Constitutional Amendment

The proposed amendment to the Colorado

Constitution would:

- delete the requirement that the territorial seal shall be the state seal;
- delete the authority for the General Assembly to prescribe an educational qualification for electors;
- delete the prohibition on state financing of the 1976 winter Olympics;
- delete the disqualification from holding office by reason of a duel;
- delete the reference to service in the Spanish-American war as of April 21, 1898, in relation to veterans' preference under the state personnel system;
- delete the provision which exempts justices of the peace and county judges from being subject to impeachment; and
- delete the requirement for publication of session laws in Spanish and German until the year 1900.

This referred constitutional amendment represents a continuing effort on the part of the General Assembly to refer "housecleaning" amendments to the voters in order to eliminate from the constitution provisions that are overly specific, obsolete, or no longer serve the purpose for which they were adopted. For example, in 1988 the voters approved an amendment to delete obsolete language and to conform the Colorado Constitution with amendments to the United States Constitution.

Argument For

1) Approval of this measure will continue the effort to reform the Colorado Constitution by deleting obsolete provisions and conforming to the United States Constitution when it is deemed necessary and appropriate.

Argument Against

1) While the constitutional provisions proposed to be deleted by this measure are obsolete and have no application, it does no harm to leave them in the constitution as a matter of historical significance.

Amendment No. 4 - Limited Gaming

An amendment to Article XVIII of the constitution of the state of Colorado by the addition of a new section 9 to allow the conducting of limited gaming in the cities of Central and Black Hawk, county of Gilpin, Colorado, and the city of Cripple Creek, county of Teller, Colorado, on and after October 1, 1991.

Provisions of the Proposed Constitutional Amendment.

The proposed amendment to the Colorado Constitution would:

- legalize limited gambling in Central City, Black Hawk, and Cripple Creek beginning October 1, 1991. Gambling would be restricted to blackjack, poker, and slot machines, and would be further limited to a single maximum \$5 bet;
- restrict limited gambling to the commercial districts of these cities and to structures which conform to the architectural styles and designs common to such

areas between 1875 and World War I, regardless of the age of said structures, and which conform to the requirements of the applicable city ordinances;

- restrict the area to be used for gambling to no more than thirty-five percent of the total square footage of each building and no more than fifty percent of the square footage of any one floor;

- prohibit limited gambling between the hours of 2:00 a.m. and 8:00 a.m. (the hours in which liquor establishments must be closed);

- allow limited gambling in establishments licensed to sell alcoholic beverages;

- create the "Limited Gaming Control Commission" which would be responsible for the administration and regulation of limited gambling and the promulgation of rules and regulations governing the licensing thereof;

- create a limited gaming fund in the state treasury to which licensing fees and up to forty percent of the gross proceeds generated from limited gambling would be paid;

- provide for the following distribution of moneys in the limited gaming fund less administrative and regulatory costs: fifty percent to the state general fund or such other fund as designated by the General Assembly; twenty-eight percent to the state historical fund (of this, twenty percent shall be used for the preservation and restoration of Central City, Black Hawk, and Cripple Creek, and the remaining eighty percent for historic preservation throughout the state); twelve percent to Gilpin and Teller counties; and ten percent to Central City, Black Hawk, and Cripple Creek; and

- require the General Assembly to enact, amend or repeal such laws as are necessary to implement the provisions of the proposed amendment. These laws would include provisions for the licensing of qualifying nonprofit charitable organizations which may periodically host limited gambling activities in licensed gambling establishments.

Arguments For

1) Limited gambling would help to ensure the preservation of historic buildings in Central City, Black Hawk, and Cripple Creek, and in other areas of the state.

2) Limited gambling will assist in capturing more tourist revenue and will increase tourism overall. The added attraction of limited gambling will create an extended tourist season for these towns.

3) The new service type businesses necessary to support the increased tourism in these areas will create new jobs both locally and statewide.

4) Limited gambling is designed to act as a supplement to, and not a replacement of existing businesses in the communities. By limiting the possibility of excessive profits, any attempt at exploitation by outsiders will be limited.

Arguments Against

1) Property values will increase and any commercial structure which could possibly qualify for a gambling license will command a premium price for ownership. Resident owners will be bought out.

2) Other than providing year-round, rather than seasonal, employment for some residents, the communities will not benefit greatly from higher employment anticipated from limited gambling. Employees of the gambling industry will most likely live in the larger surrounding communities since housing in the historic communities is limited.

3) The authorization of limited gambling in a few designated areas in the first step toward legalized statewide casino gambling.

4) The increase in the number of people attracted to these communities by gambling will result in an increase in crime, thereby creating a need for more law enforcement personnel.

Amendment No. 5 - Limitation of Terms

An amendment to the Colorado Constitution limiting the number of consecutive terms that may be served by the Governor, Lt. Governor, Secretary of State, Attorney General, Treasurer, members of the General Assembly, and United States Senators and Representatives elected from Colorado.

Provisions of the Proposed Constitutional Amendment

The proposed amendment to the Colorado Constitution would:

- limit the terms of office of the Governor, Lieutenant Governor, Secretary of State, State Treasurer, and Attorney General to two consecutive four year terms, effective for terms beginning on or after January 1, 1991;

- limit the terms of office of state senators to two consecutive four-year terms, and state representatives to four consecutive two-year terms, effective for terms beginning on or after January 1, 1991;

- limit the terms of office of Colorado's U.S. Senators to two consecutive six-year terms, and Colorado's U.S. Representatives to six consecutive two-year terms, effective for terms beginning on or after January 1, 1991;

- declare the support of the people of Colorado for a nationwide limit of twelve consecutive years of service in the United States Senate and House of Representatives and for Colorado public officials to use their best efforts to work for such a limit;

- declare the will of the people of Colorado to encourage the federal officials elected from Colorado to voluntarily observe the wishes of the people with respect to the limitation of congressional terms if any provision of the measure is determined to be invalid by the courts.

Arguments For

1) Our founding fathers believed holding elected office was a public service to be performed only for a limited time. Today,

however, we refer to some elected officials as "career" or "professional" politicians and many such officials view their positions as career or lifetime jobs.

2) Long periods of service by public office holders does provide for experience but does not necessarily provide citizens with better lawmakers. Broadening public service will invigorate the political system by making room for new policy-makers with new perspectives on addressing public policy issues. Realizing that terms of office are limited, public officeholders will be more productive, devote more time to their duties as elected officials, and will be more bold in political decision-making without fearing the potential impact of such decisions on future reelection efforts.

3) It is necessary for the voters to approve this initiated measure because it is highly unlikely that those whom it will affect — namely, elected officeholders — will ever work to bring it about themselves.

4) That portion of the measure which limits terms of members of Congress from Colorado will be a first step in limiting United States congressional terms. Colorado will and should be the leader in this effort. The notion of limiting the powers of government is by no means a new one to the citizens of the United States — in fact, our constitutional theory is based upon limitations on the powers of government.

Arguments Against

1) This measure should be rejected because it fails to address what ails our political system. The problems of corruption and incumbency advantage will persist even if term limitations are instituted. If our aim is to have more competitive elections and to limit the advantages of the incumbent, we can achieve these goals without artificially limiting terms of office.

2) The voters presently choose by means of election the individuals that they wish to serve them, and remove from office those public servants who they do not want to serve them either by not reelecting them or by recall. Voters should be able to continue to exercise these rights without limitations.

3) There is nothing wrong with having long-time experience in public office. To believe others is to believe that elective office is the one vocation where experience is an obstacle to good performance.

Seasoned office-holders' value stems not only from their experience, but from their ability to rise above parochial concerns and usefully temper youthful enthusiasm with a historical perspective on policies that have worked and those that have failed.

4) The citizens of Colorado would suffer under that portion of the measure which would limit the terms of the state's congressional delegation. Because Colorado would be limiting only the terms of its own Washington delegation, relative to other states it will lose its seniority and power in Congress.

D-I-V-O-R-C-E

What if your practice is thriving but your marriage is falling apart? Just about everything, including your medical practice, is up for grabs, subject to court division and negotiable. What's your practice worth? You'll probably have to ask a CPA to figure that out. The value is not necessarily equal to the figures found on the financial statement. A medical practice is easier to value than a legal practice for a number of reasons, one being that a medical practice can be sold. How much of the value of the practice will you keep? As much as the court will allow or your spouse will agree to. There is no formula for determining how to divide the practice and it will depend upon the circumstances. The court will be looking for an "equitable division of property". How will you pay off your ex-spouse's share of your practice? Cash will work. If that's not an option, then you may have to trade other marital assets, take out a loan, execute a secured or unsecured promissory note or beg forbearance.

Drink Up! Coffee That Is. Men That Is.

We hoped it wasn't true and now we have a study to tell us that it isn't true. A recent study of men, ages 40 to 75, concludes that the "findings do not support the hypotheses that coffee or caffeine consumption increases the risk of coronary heart disease or stroke." (N Engl J Med 1990; 323:1026-32) Watch out though for those decaffeinated drinks. The researchers say that "higher consumption of decaffeinated coffee, however, was associated with a marginally significant increase in the risk of coronary heart disease." The study also found no apparent association between the consumption of tea and the risk of any cardiovascular event. The authors note however that only 664 men, out of a study population of 45,589, drank four or more cups of tea per day.

Request for Comments

A portion of the Colorado auto no-fault statutes (C.R.S. 10-4-708.5) states "When an insured entitled to benefits under a complying policy is injured or believes he has been injured in an accident and is examined or treated by a physician or health care practitioner, such physician or health care practitioner shall notify the insurer within thirty calendar days after the insured's initial visit."

The statute is extremely vague and does not contain a penalty section for not reporting with the 30-day time frame.

Staff of the CMS Department of Government Relations is interested in knowing if there are physicians in the state who have been denied payment for treatment of accident victims because of this statute. Contact Sue Ellen Quam or Lorraine Koehn at 1-800-654-5653 or 779-5455.

Campaign Workshop

The American Political Action Committee (AMPAC) will be conducting the Candidates Workshop on January 26 and 27 at the Ritz Carlton Buckhead in Atlanta, Georgia. This workshop is specifically designed for physicians and spouses who are giving serious thought to running for an elective office on the local, state or national level. Contact the CMS Government Relations Department (1-800-654-5653 or 779-5455) for additional information.

Women in Medicine to Discuss Head Injury

The Colorado Medical Society Section on Women in Medicine will meet at 6:30 pm November 15, 1990 at St. Anthony's Central, 4231 W. 16th Ave in Denver. The topic will be Head Injury Prevention and Rehabilitation. Watch your mail for a flyer containing more details.

CMS Med Fax

Colorado Medical Society provides the following listings of events as a member service only. Some events are approved for Continuing Medical Education credits. Information is provided by the sponsoring organizations. For more details, use the telephone contact at the end of the listing.

Colorado Gerontological Society

Medicare, Medicaid and Medigap Insurance Made Simple

Writer's Manor, Denver

November 7, 1990

Susan Hellman, (303) 333-3482

National Jewish Center for Immunology and Respiratory Medicine

Chronic Asthma: An Update on Diagnosis and Treatment

Sheraton Denver Tech Center

November 8, 1990

Adele Gelfand, (303) 398-1359

Physicians For Social Responsibility

The Anti-Nuclear Movement In the Soviet Union

Rose Medical Center CTB Room

November 8, 1990

PSR/Colorado (303) 298-8001

Colorado Hospital Association

Patient Transfers—How to Comply with the Law

Reglstry Hotel, Denver

November 10, 1990

Pam Kennedy (303) 758-1630

American College of Physician Executives

National Institute on Health Care Leadership & Management

Hilton Head Island, SC

November 13-16, 1990

ACPE, (813) 287-2000

Colorado Spine Symposium

David S. Bradford, MD, University of Minnesota

Sheraton Denver Tech Center

November 16, 1990

Kris Goroll (303) 233-1223

Porter Memorial Hospital Foundation

Tenth Annual Heart of Hearts Gala Benefit

(honoring Frank McGlone, MD)

Denver Marriott City Center

November 17, 1990

Judy Gunson, (303) 761-0186

The Denver STD Prevention and Training Center
HIV Practicum for Public Health Workers and STD Clinicians

Denver Public Health Dept

November 26, 1990

Teri Anderson (303) 893-7191

Colorado Medical Society

Financial Self Defense

Radisson Hotel-Southeast

November 29, 1990

Sandy Finney (303) 779-5455

American College of Physician Executives

Physician in Management I

Sarasota, FL

December 3-7, 1990

ACPE, (813) 287-2000

American College of Physician Executives

Chiefs of Service/Department Chair Program

Sarasota, FL

December 3-7, 1990

ACPE, (813) 287-2000

Long Island Jewish Medical Center

20th Annual Pediatric Update Postgraduate Course

St. Maarten, Netherlands, Antilles

December 4-9, 1990

Ann J. Boehme, CMP (718) 470-8650

American Academy of Pain Medicine

Annual Refresher Course in Practical Pain Management

Miami Beach FL

January 17, 1991

(312) 645-0083

American Academy of Pain Medicine

7th Annual Conference

Miami Beach FL

January 18, 19, 1991

Peter R. Wilson, MD (507) 284-8312

American Medical Political Action Committee

Candidates Workshop

Atlanta, Georgia

January 26, 27, 1991

Lorraine, (303) 779-5455 or 1-800-654-5653



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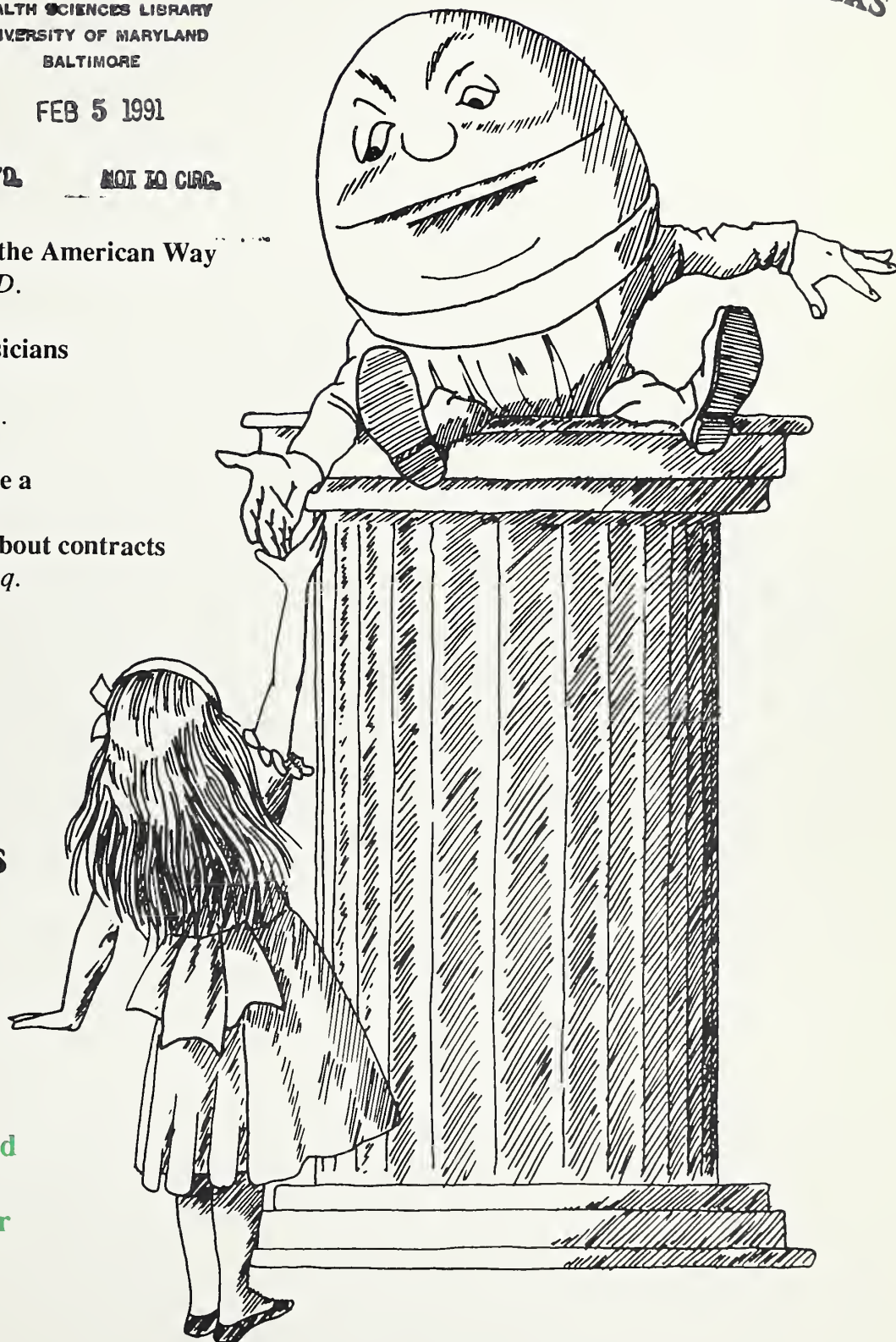
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Another Point of View - the American Way
by Richard W. Burton, M.D.

Politics, Politicians, Physicians
or "Smart Doc"
by John A. Sbarbaro, M.D.

Managed Care: It may be a
"Humpty Dumpty" deal.
Legal words of caution about contracts
by Constance B. Wood, Esq.

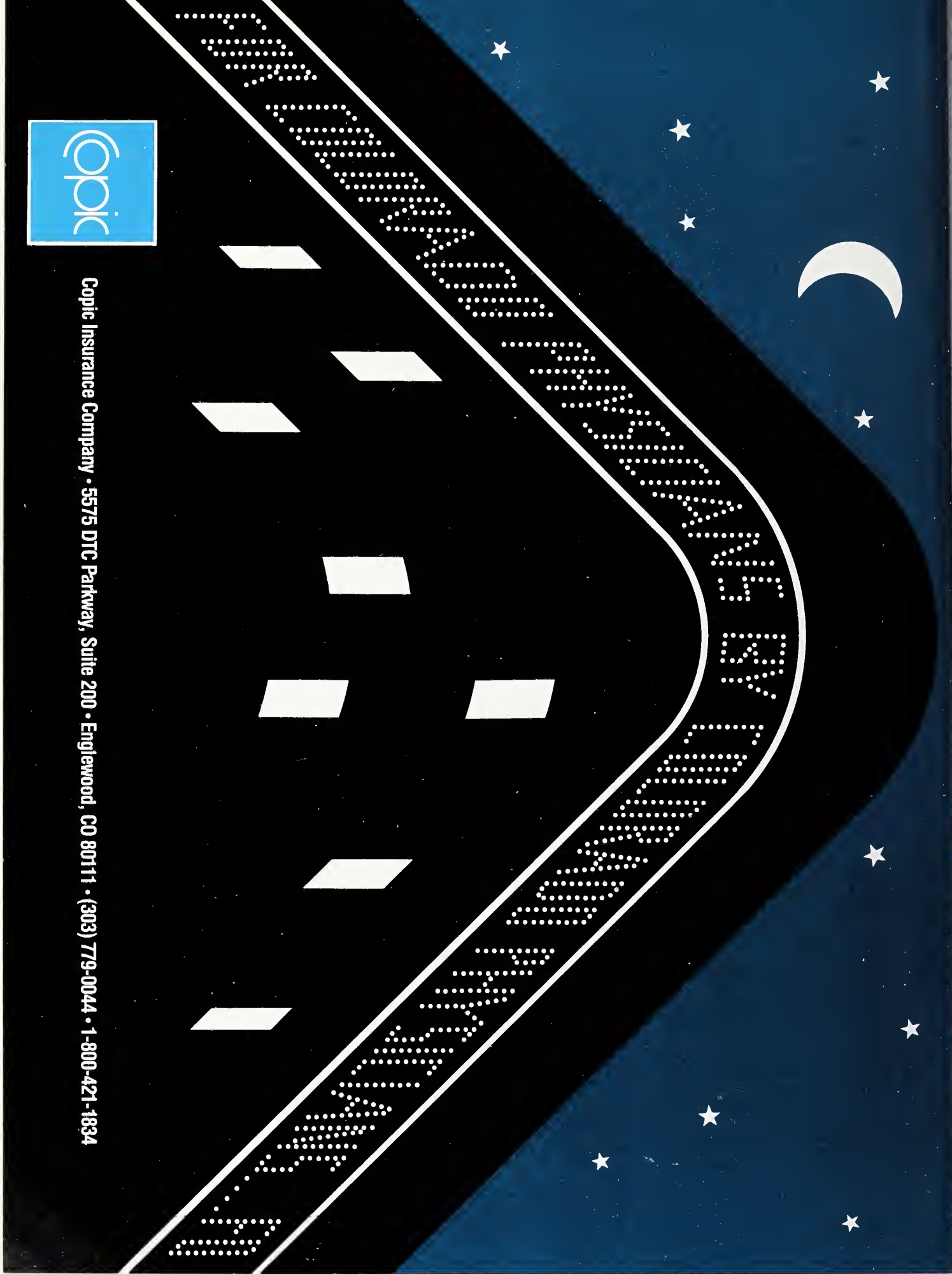


STACKS

"The question is," said
Humpty Dumpty,
"which is to be master
— that's all."



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CMS Med Fax[®]

AT PRESS TIME...

...a compilation of medically-related news briefs of immediate interest to the physician community occurring after **COLORADO MEDICINE** has gone to press.

CMS Med Fax[®]

by *Montgomery Little Young Campbell and McGrew, P.C.*

legal counsel to the Colorado Medical Society

Military Callup Hits Colorado Physicians

CMS/Copic active duty policies revised with callups MD activation list "CLASSIFIED"

Colorado Medical Society has only a smattering of information on physicians who have been ordered to active military duty. Listed are those physicians who reported to CMS, Copic, or to a local component society they have been activated:

Calvin Zen, M.D. (Psych.)	Longmont, CO	John Brugman, M.D.	
José L. Rodríguez, M.D. (Surg.)	Glenwood Spgs, CO		
Paul D. Bostrum, M.D. (surg.)	Cortez, CO	Ralph W. Gage, M.D. (Emer. Med.)	Colo. Spgs.
Victor Hoefner, D.O. (Fam. Prac.)	Fruita, CO	Drew Ritter, M.D.	
John Hester, M.D. (Psych.)	Lamar, CO	William R. Trullitt, M.D. (Occup. Med.)	Colo. Spgs.
Robert Brooks, M.D. (Surg.)	Grand Junction, CO	Thomas Eskestrand, M.D. (Orth. Surg.)	Colo. Spgs.

We would appreciate hearing from anyone with information, including the individual's unit and overseas mailing address. For member information we would like to print these names and addresses. In view of the callups, CMS and Copic Insurance Company have developed new policies on membership and insurance coverage, as follows:

CMS ARMED FORCES POLICY

At the October 19, 1990 meeting of the Colorado Medical Society Board of Directors the following policy was approved for members who are called into active duty in the Armed Forces.

- ...CMS will require a copy of the active duty orders. Additionally, a letter from the society member stating the dates served on active duty must be sent to CMS and the component society.
- ...Upon receipt of the above, CMS will send a pro-rated refund for the period of time served on active duty, based on 35% of the active membership dues* paid for that period.
- ...If dues were not paid before the member was called to active duty, a pro-rated statement will be sent to the member.

* The 35% is the discount given to those active members who perform full-time military service on active duty in the uniformed services stationed in Colorado.

COPIC INSURANCE COMPANY ARMED FORCES POLICY

If a physician who holds an in-force Copic policy finds him/herself involuntarily mobilized to active military duty on a full time basis, that physician's professional liability policy will be suspended, without premium due, for the duration of that military duty. Upon return to private practice, coverage will be reinstated at the then current maturity/premium charge, and coverage will be deemed to have been continuous throughout the period of suspension.

*by Karen B. Best, Esq., an
Associate with Montgomery Little
Young Campbell & McGrew, P.C.*

National Practitioner Data Bank

It's been up and running since September 1, 1990. You know about it, but you may not know:

- the NPDB is part of far-reaching legislation designed to ensure due process for physicians and others whose conduct is questioned in the professional peer review setting, and designed to provide immunity from liability for professional review committee members;
- information reported includes settlements and judgments in malpractice cases, adverse BME actions, federal sanctions, HHS actions, loss of clinical privileges, and adverse actions taken by a medical society;
- adverse actions include restrictions on privileges/membership and denial of privileges/membership, license revocation, sanctions, and actions taken on society membership. Censure and reprimand are not included;
- if a physician voluntarily enrolls in a program such as the Colorado Physician Health Program, this fact would not be reported unless an "incident" of malpractice has occurred;
- an entity performing peer review (hospital, BME, CMS, federal health care entities, others providing health care and conducting peer review) must have written procedures which comply with state and federal law;
- the Colorado Medical Society can access the Data Bank for membership questions or issues related to peer review;
- hospitals must check the NPDB every two years and whenever a physician applies for privileges or applies for renewal of privileges;
- for now, Data Bank information is not subject to disclosure under the Freedom of Information Act;

- it is unclear whether third party payors will have the ability to access the information;
- an entity and its members may lose immunity from civil liability for as long as three years if it fails to follow proper procedures;
- confidentiality is a key requirement in the peer review process. An entity may be fined up to \$10,000 for a breach of confidentiality;
- when a report is sent to the NPDB, the physician will receive a notice of receipt of report;
- the physician can provide information disputing a report, in 25 words or less;
- the physician has 60 days to identify inaccurate data, but may not dispute the outcome of the proceeding resulting in the report;
- once a physician requests information from the NPDB, the physician becomes a "part" of the bank's data;
- the record will reflect every request made for that record. The physician can look at the record to see who else is looking at the record;
- all inquiries will be validated to determine whether the requestor is a legitimate entity;
- data will not be purged.

FTC Enforcement in Health Care

According to FTC member Deborah K. Owen, "Chapter 1" of the Federal Trade Commission's attempt to eliminate restraints in the health care field, has ended. "By and large, one no longer sees groups of professionals engaging openly in clear-cut restraints on competition".

Maybe so, but nonetheless, three dentists and two professional dental corporations in Arizona were recently convicted of conspiring to fix co-payment fees paid by patient-members of several prepaid dental plans (see complete story in this issue of *Colorado Medicine*). The Assistant Attorney General of the Antitrust Division stated that, "medical professionals enjoy no immunity from the well-settled rule that price fixing among competitors is a crime; when professionals fix prices, they will be pursued and prosecuted for the crime."

Right here in Colorado a pending civil action arises

from alleged anticompetitive activity. A group of nurse anesthetists (The Anesthesia Advantage, Inc.) ("TAA") is suing a group of anesthesiologists (The Metz Group, et al.) and Humana Hospital of Aurora, in federal court, claiming violation of Section 1 of the Sherman Act. The anesthetists claim that the hospital instituted a call schedule for anesthesiologists and that the anesthesiologists on staff recommended adoption of guidelines for supervising nurse anesthetists; that the defendants conspired to induce St. Luke's Hospital to reject TAA's proposal for an obstetric epidural anesthesia program. TAA also claims breach of contract and tortious interference with business and professional relationships.

What next for the FTC? The next step, "Chapter II," will be aimed at more sophisticated anticompetitive conduct such as information restraints, conspiracies to boycott or to fix prices, and joint ventures among hospitals.

Huge Verdicts:

Where Does All the Money Go if the Plaintiff Can't Use It?

Ever wondered what would happen if a jury gave a plaintiff-patient a lot of money in a medical malpractice

case, based upon testimony that plaintiff would need the money to pay for future medical care, and then plaintiff died shortly after trial? Obviously, plaintiff would not incur medical expenses in the future. Could the defendant get the money back that was paid to cover future medicals? Not likely.

In Texas, a jury awarded the patient \$2.5 million on a claim that the failure to diagnose a subdural hematoma caused permanent brain damage and left the patient in a persistent vegetative state. The patient died 33 days after the court entered the judgement.

The defendants, a doctor and a hospital, filed timely motions after the trial, arguing in part that a new trial on damages was necessary because the life expectancy testimony (upon which the huge verdict was based) had proven false and because substantial injustice would result if the heirs received a multimillion dollar windfall. The Court was not impressed with the argument, calling it "nearly frivolous." "The fact that a plaintiff dies even a second after judgement is entered does not render evidence regarding an expected life span 'false' nor judgement invalid."

Where does all the money go? To the estate and heirs. Davis v. Jellico Community Hospital, Inc., No. 89-5718, U. S. Court of Appeals (Sixth Circuit).

Gramm-Rudman Reductions

The Medicare Carrier has been instructed to increase the Gramm-Rudman payment reductions from 1.4% to 2% effective November 1, 1990 through December 31, 1990. If you have questions on this, please call the Medicare Carrier.

Model Fee Schedule Seminars

It has come to the attention of the Colorado Medical Society (CMS) that there are several groups throughout the nation that are offering seminars and workshops on the Model Fee Schedule, or Resource Based Relative Value System (RBRVS). If you are considering attending one of these, please use extreme caution! The fee schedule is at best very preliminary and subject to massive changes. Much of what could be offered now

CMS Med Fax

Just Back from AMA Interim Meeting "Heated Discussion"

(DECEMBER 11, 1990) The AMA Interim 1990 Meeting convened on December 2, 1990. There were approximately 85 reports and 116 resolutions presented to the House of Delegates for their consideration. The main topics of discussion were Medicare reimbursement, National Practitioner Data Bank, gifts to physicians from drug companies, HIV testing, Health Access America, peer review, and resident work hours.

Those attending from Colorado were our AMA Delegates, Drs. Sawyer, Quinn, and Painter, two of our AMA Alternates, Drs. Levine and McCartney, Dr. Butler, President-elect, Rod Brewster and myself. It was a pleasure to see our long-time friend Doctor Bob O'Dell at the meeting. He sends warm wishes to all of his Colorado friends.

The Rocky Mountain States Conference met four times. This Conference consists of eight states, Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming. The Executive Committee had a business meeting on Sunday and the entire membership met the next three mornings, to discuss and plan strategy on reports and resolutions. Colorado now provides all staff support for these sessions.

The Colorado AMA Delegation is planning a debriefing session within the next couple weeks and will develop a more detailed report at that time. Following are a few of the reports and resolutions presented.

A report from the Council on Ethical and Judicial Affairs was adopted which provides updated guidelines for the use of Do-Not-Resuscitate orders as they relate to cardiopulmonary resuscitation.

Lengthy testimony was provided regarding companies providing gifts to physicians. A report discussed the practice by industry of giving gifts to physicians, the ethical concerns related to this practice and offers guidelines for physicians to follow. This report was adopted.

Resolutions were passed asking, 1) that the AMA seek an orderly review and comment by the Federation on the final proposed Medicare payment schedule for

physician services, 2) that the AMA explore means to accurately reflect in the new Medicare payment schedule, the practice costs of individual medical and surgical specialties, including, but not limited to, additional payment for supplies and equipment of unusual cost or frequency, 3) the AMA shall use all appropriate means to ensure that the new Medicare RBRVS - based payment schedule does not include behavioral adjustments, 4) the AMA shall seek to modify the Medicare Volume Performance Standards (MVPS) to prevent the MVPS from becoming an expenditure target and, 5) that the AMA explore various options for maintaining physician cash flow in the face of serious payment delays, such as zero interest loans if payment is delayed, or cash advances of a percentage of submitted claims.

A report was presented regarding Health Access America. In this report, the AMA listed names of major employers throughout the nation that had been visited by the AMA for purposes of discussing the Health Access America project. Much to our surprise, the Adolph Coors Company is listed as one of the employers contacted. Doctor Sawyer brought our concern of the AMA dealing directly with a Colorado based company and by-passing CMS to the attention of the AMA House of Delegates. A letter further expressing our concern will be sent to Dr. Tupper, the current AMA President.

A very heated debate occurred regarding the development of model legislation which would permit appropriate HIV testing of patients and the communication of the test results to involved health care workers. Considerable testimony for and against allowing physicians to test patients for HIV without informed consent was presented.

If you desire further information, please contact me at the Medical Society office.

A very Merry Christmas and Happy New Year to all!
Best regards,

Sandra L. Maloney Executive Director



Cover Story p. 352

Managed Care: Who Is In Charge Here Anyway?
Some timely warnings.

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CMS Med Fax

Compiled after the rest of the magazine has gone to press, CMS Med Fax contains news you might need before next month.

In addition, there is a calendar of events of interest to the physician community. Some carry CME credit. Check out CMS Med Fax inside the front and back covers!



Politics, politicians and physicians

Definitions:

Politics - the art of governing the ungovernable who don't want to be governed.

Politicians - persons elected to govern by those who do not want to be governed.

Political Process - the "system" by which government governs the ungovernable.

Physician - person traditionally unaware and uninvolved in the political process.

It's not an easy job, and there are some that don't do it very well - but serving as an elected official is a role that deserves our respect, our understanding and perhaps even our compassion. Every governmental/political issue has its strong-willed supporters and equally strong-willed opponents - both forcefully and unrelentingly committed to their position. And unfortunately, many folks (upon losing an argument) turn from the issue to personal attacks on those who do not agree with their position (the "I'm not wrong; you're stupid" syndrome). As a result, elected officials frequently find themselves being denigrated for doing what we elected them to do - making a decision.

We just completed an election and 84% of the candidates supported by the Colorado Medical Society Political Action Committee (COMPAC) won. Thanks to your \$99 voluntary donations, the Board had \$50,849 to contribute toward candidates' elections. The COMPAC Board voted to support

over 70 state legislators, some republicans, some democrats.

Usually, "PACs" vote to support candidates they expect will win (issues and philosophy being a distant second influencing factor) - hoping that the contribution will provide their organization with future access to the candidate. "Access" does not mean a positive vote - only the opportunity to present and explain the organization's position on an issue.

"...we as a profession will continue to stand for principle, for what is right and beneficial for our patients and for people needing health

I'm most proud to report that "our" Board of COMPAC did not make its decisions in this traditional manner. Instead, they looked at voting records to get an idea of the basic direction of each candidate; they talked with local physicians to get some insight into the knowledge and background of each candidate, and they **sat down and interviewed the candidates.**

Again, the safe decision would be to then somehow justify giving the funds to the most likely winner. COMPAC didn't. Repeatedly the Board voted to give the contribution to candidates who they felt had a grasp, an understanding and, some, even a commitment to

health care issues. No promises were given — No promises were asked.

Hopefully the funds would help the candidate to win the election; if not, the message was still loud and clear: physicians are becoming aware of and involved in the political process. But just as in our personal and professional lives, we as a profession will continue to stand for principle, for what is right and beneficial for our patients and for people needing health care. We will not sully principle for political expediency.

The COMPAC Board represented medicine well and deserves first our thanks and secondly our financial support. If each member of CMS sent in their \$99, at 4,000 + members we would have an annual pot of over \$400,000 to commit to the political process. Now THAT could have an impact! Please join COMPAC this month - while the political process and its powerful influence on your life and profession is still fresh in your mind. And if you are interested in an even more personal involvement, attend the COMPAC meetings - they are open to the membership and, from what I observed, responsive to the thoughts of the membership.

Definition:

"Smart Doc" - a physician aware of and involved in the political process.

Some Do Read!

Ed. Last month, you'll recall, Dr. John Sbarbaro, 1990-1991 CMS President, wanted to find out how well Colorado Medicine magazine was read. He asked those who had read to a certain point in "The President's Letter" to call and say, "I read it". Many who called did not want their names published, but some gave us permission. Here are those names. We've also included the city names to show you the geographic distribution of these readers.

Comments included:

"I read it, but I didn't like it."

"I like suggestion #5" (5 minute reader)

"#6 is a good idea." (personals column)

"I read John Sbarbaro's AND Corky's letter."

Richard E. Albin, MD, Denver
Carter M. Ballinger, MD, Denver
Jan F. Baumgardner, MD, Boulder
Jan F. Baumgardner, MD, Boulder
(second time)
Paul G. Becker, MD, Denver
Scott Beehe, Denver
S. Allan, Bock, MD, Boulder
George W. Bock, MD, Craig
Marcus B. Bond, MD, Golden
Albert M. Brady, MD, Denver
David Brandt, MD, Boulder
Laurence W. Brooks, MD, Vail
Frederick B. Brown, MD, Colo. Spgs.
John E. Buckley, MD, Denver
Linda A. Burnham, MD, Fort Collins
Edmund, Casper, MD, Denver
John O. Cletcher, Jr. MD, Longmont
Harvey M. Cohen, MD, Denver
Dr. Cooper
James J. Delaney, Jr. MD, Aurora
William E. Emeis, MD, Colo. Spgs.
Spencer G. Erman, MD, Englewood
Thomas W. Fawell, MD, Highlands Ranch
David T. Fitzgerald, MD, Longmont
David C. S. Franklin, MD, Denver
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William H. Graham, MD, Aurora
John R. Graham, MD, Aurora

Walter J. Grund, MD, Littleton
Lee R. Halfmann, MD, Aurora
Oliver E. K. Hall, MD, Grand Junction
J. R. Hanson, MD, Colo. Spgs.
Ronald G. Hardy, Jr. MD, Denver
Laurel S. Harken, MD, Littleton
Richard C. Heckmann, MD, Denver
Dr. Jacobs
Melvin A. Johnson, MD, Denver (+ 12
Students)
G. Thomas Kraus, MD, Aurora
Sherri J. Laubach, MD, Lakewood
Dr. Lee
William K. Mangum, MD, Greeley
Herman S. Maul, MD, Lakewood
Maryethel Meyer, MD, Lakewood
Bradford R. Miller, MD, Aurora
Jeffrey M. Morse, MD, Durango
G. Wayne Moss, MD, Lakewood
J. Nicholas Napoli, MD, Lakewood
Robert A. Nathan, MD, Colo. Spgs.
Merl E. Needham, MD, Denver
Nancy E. Nelson, MD, Denver
Kenneth M. Olds, MD, Greeley
Manford M. Oliphant, Jr. MD, Denver
Dr. Joel Olson
Edward G. Panter, MD, Denver
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Paul R. Radway, MD, Pueblo
Ira Rifkin, MD, Lakewood
Vernon D. Ritzman, MD, Wheat Ridge
Vernon D. Ritzman, MD, Wheat Ridge
(second time)
John F. Roberts, MD, Englewood
Thomas J. Roess, MD, Snowmass
Sonia C. Ryan, MD, Lakewood
"Boots", Safford, Denver
H. Robert, Safford, III, MD, Denver
Glenn Scott, Pueblo
David Shander, MD, Denver
Wayne E. Stevens, MD, Lakewood
Ronald E. Tegtmeier, MD, Golden
George O. Thomasson, MD, Englewood
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Dorothy J. Twellman, MD, Cañon City
Joseph A. Tyburczy, Jr. MD, Brighton
John J. Vacanti, MD, Lakewood
John J. Vacanti, MD, Lakewood
(second time)
W. Peter Vellman, MD, Wheat Ridge
James A. Walsh, MD, Denver
Stanley S. Weiss, MD, Denver
Ralph M. Wexler, MD, Denver
Christopher S. Wilson, MD, Wheat Ridge

Just Say NO!

Harrison G. Butler, III, MD
President-Elect



“This is a bureaucratic addiction!”

As Physicians, we are faced with a dangerous disease of addiction. This addiction is having a tremendous financial and emotional impact on our ability to practice medicine and it is tearing apart the social fabric of the medical profession.

What terrible drug am I talking about? It is NOT a drug but the malignant proliferation of the multitude of forms that are “mandatory.” Remember, we are required to write appropriate orders on the “Doctors Order Sheet” and to document the reasons for the orders and other pertinent information regarding patient care on the “Doctors Notes.” Then, we are being ordered to repeat this information on a separate form that frequently is several pages long and in duplicate or triplicate.

I know I sound frustrated, but look at these paper time consumers. They include antibiotic order forms, transfer forms, oxygen order forms, discharge forms, X-ray requisition forms, forms to requisition more forms, workmen’s compensation forms, nursing home forms, home nursing forms, and these are in addition to the traditional forms including insurance, Medicare, Medicaid, death certificates and requests for records from just about everyone in the civilized world.

This is a bureaucratic addiction!

There will never be enough forms or enough documentation. The bureaucracy is demanding more forms and more information even though they can’t effectively process and evaluate the information they now have.

What is the treatment for this addiction? I am against in-patient care because this will generate a lot of forms, making withdraw impossible. However, I do like the idea of support groups where bureaucrats, administrators and some physicians who like to foist those documents on their peers, could meet and share their experiences. Maybe, we could initiate telephone numbers where these people could call when seized with the need to generate a new form.

Granted, there will always be a need for a few, carefully selected documents that help get us through the ever increasing red-tape maze. However, it is my fervent belief that we have come to the critical stage in this paper chase. Is this activity having a negative impact on the quality of care to our patients? It is time for physicians to “just say no” to

more paperwork. It is clear to me that at some point we will have no other choice as the burden will simply be too great. So, why not set limits now? It will be easier

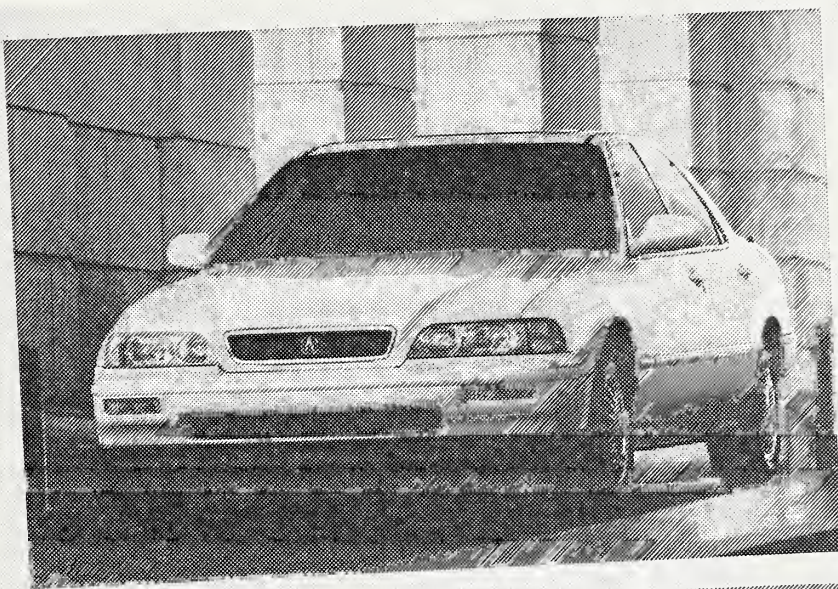
now than later. Incredible sums of money could be saved, and our forests and landfills could be saved.

A word of caution. Because this is a disease, withdrawal will be unpleasant so there will be many threats. You will hear things like “The JCAHO is going to get you” or “The HCFA bogey man will come”, and the best one, “if you don’t use these forms, you are against quality medicine and therefore you are a bad doctor.” This is all “barn carpet”, so stand your ground.

Maybe, we could initiate telephone numbers where these people could call

Therefore, let your voices be heard in the board rooms, bathrooms, nursing wards and the hallowed halls of the bureaucrats. Let everyone know that we understand their disease process and that we are concerned. We will all be happier and our patients will benefit. In short, “JUST SAY NO!”

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“P

hysicians In Wonderland” Deals

“The question is,” said Humpty Dumpty, “which is to be master — that's all.”



Ed: Physician contracting with managed health care groups has been a continuing problem since the early days of the HMO/IPA emergence (Colorado Medicine 81:43 [February] 1984) which, when a contract is executed, present some unwelcome add-ons. The private fee-for-service physician would almost seem out of date, but for those in the more traditional modality, perhaps he or she should at least consider joining one of the alternative (managed) health care delivery systems. If so, which one? And who will be in control, the physician or the managed system? Will such an alliance be profitable? (See accompanying article: “Managed Care Limits Physician Income Potential”).

Readers are reminded of the Colorado Medical Society publication, “A Physician Guide To Contract Analysis”, distributed to CMS membership in February, 1990.

The following article, by Denver attorney Constance B. Wood, points up some recent physician contracting problems. Ms. Wood has been in health-related legal practice for several years in Colorado. (The quoted references accompanying the graphics are, of course, from Lewis Carroll’s “Alice’s Adventures In Wonderland” and “Through The Looking Glass.”)

What should a physician look for in Managed Care Contracts?

As the number of contracts submitted to physicians by HMOs, PPOs, IPAs or insurance carriers increases, there is a strong tendency to glance at the agreement and sign it, without checking provisions that could cause considerable trouble later.

The following are areas which should receive particular attention:

Making Sense of the New Economic Reality



1. Hold Harmless and Indemnification Claims:

These provisions serve to shift liability. If the carrier or plan is sued, the doctor could be responsible for paying the plan's legal expenses in addition to any other penalties imposed. If these risks are assumed by the physician, they will not be covered by malpractice insurance. The doctor would be obligated to cover these costs out of his or her own pocket.

Contracts may use different language to shift the liability to physicians. They may use the words "hold harmless" or "indemnify" or may use other ambiguous wording that indicates the physician will assume the responsibilities normally undertaken by insurance companies.

A physician who was sued for malpractice along with the HMO received an unpleasant shock when the case was dismissed. The HMO billed him for \$10,000 in legal expenses based on the doctor's agreement to indemnify the plan for their costs, including attorney's fees, fines and other liability.

2. Termination of the Contract:

One of the first questions to be asked is how to get out of the contract. Many plans require a 60 or 90 day written notice to terminate. If the contract automatically renews at a certain date, a physician loses the opportunity to renegotiate the contract unless he or she gives notice of termination. A tickler system with contract renewal dates would give the physician the opportunity to renegotiate or terminate before the contract renewal date.

Another area to note is the length of time a physician must continue treating patients after the contract is terminated. HMO contracts and many others will not permit collection from patients. If the contract makes no provision for termination in the event of insolvency, a physician could be compelled to continue medical care without compensation for a significant period of time.

3. Documents Not Included in Contract:

If the contract refers to any other document such as utilization review procedures, plan benefit summaries, etc., the physician should request a copy of these documents before signing.



"Would you tell me, please, which way I ought to go from here?" said Alice. "That depends a good deal on where you want to get to."

"Consider your verdict," said the King. "Not yet, not yet" the Rabbit hastily interrupted. "There's a great deal to come before that!"

Any additional document referred to in the contract binds the contracting physician just as if it had been stated in the contract.

The physician may wish to request a list of referral panel members to determine whether the delivery of care would be unacceptably restricted.

4. Amendments to the Contract:

Contracts often provide for amendment with physician approval. They may state that approval is given when a physician fails to act within a certain time. All contract amendments need to be examined when they arrive and action taken, if necessary.

Conclusion:

From a legal standpoint, the portions of a managed care contract which pose the greatest risk for a physician are:

- a. Risk shifting from the plan to the physician
- b. Contract termination
- c. Contract amendments

Any contract which poses too great a risk should be revised through negotiation. Many organizations are willing to bargain; those that are not perhaps should be avoided.



Physician Compensation Survey

Where Does Managed Care Figure Into Your Practice?

Are your managed care contracts working for you?

According to the new *Physician Compensation Survey: 1990 Report Based on 1989 Data*, conducted and released by the Center for Research in Ambulatory Health Care Administration (CRAHCA), physicians practicing in medical groups with over 11 percent managed care revenue (as a percent of total revenue) have lower compensation than physicians practicing in groups with no managed care or with less than 10 percent managed care.

The annual report by CRAHCA, research arm of the Medical Group Management Association (MGMA), contains compensation data from 15,724 physicians and allied healthcare professionals practicing in 45 physician specialties and 16 allied healthcare specialties. The report is based on survey responses from 1,062 MGMA member groups.

In a related finding, when the medical groups who responded to the survey were categorized by geographic section, of the 28 physician specialties where comparisons across the four sections

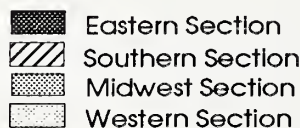
could be made, the highest median physician compensation occurred in the southern states in 22 specialties (see accompanying chart illustrating median compensation from six representative specialties).

Susan Cejka, president of Cejka & Company, St. Louis, Mo., who provided funding support for the survey, explains, "Physician compensation is influenced by a number of factors, chief of which is involvement in HMO/PPO managed care contracts. Managed care has the lowest market penetration in the South. Examining the table from the survey report depicting compensation by categories of 'Group managed care revenue percent of total net revenue' shows that for 21 physician specialties where comparisons could be made, 18 had the highest median compensation in two categories: 'no managed care' and '10% or less managed care revenue.'"

Data reported in another CRAHCA survey corroborated this. *Cost and Production Survey: 1990 Report Based on 1989 Data* notes that medical groups with small amounts of managed care report lower non-physician expenses percent of total net revenue (commonly referred to as overhead) than groups with over 11 percent managed care. Physicians incomes in medical groups with large managed care contracts are lower, since the increased expenses are not offset by substantially higher revenue". To obtaining either of these reports, call (303) 753-1111



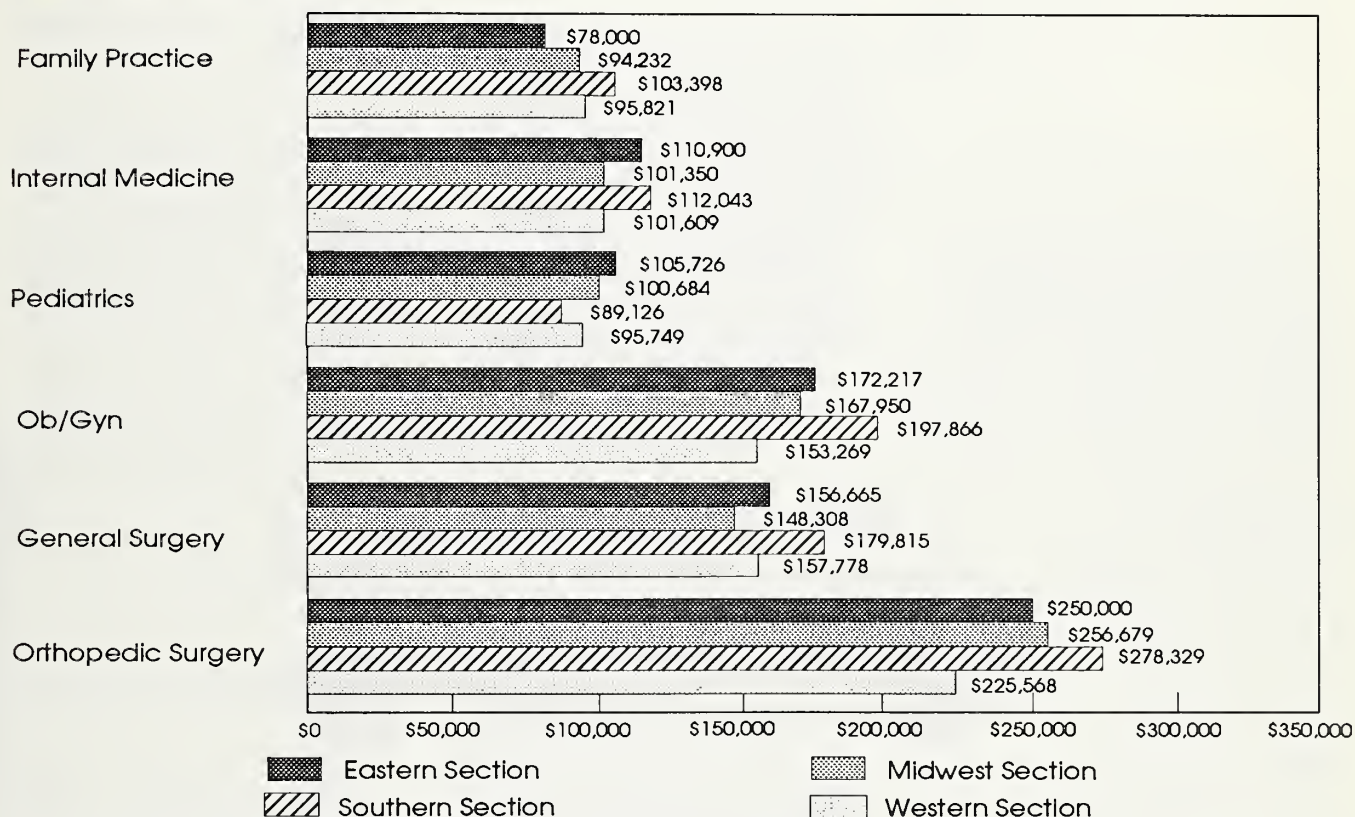
Family Practice



Median 1989 Physician Compensation

Geographic Section Comparison

Selected Physician Specialties



Source: *Physician Compensation Survey: 1990 Report Based on 1989 Data*. Copyright 1990.

Center for Research in Ambulatory Health Care Administration, 1335 So. Colorado Blvd., Suite 900, Denver, CO 80222 (303) 753-1111.

If you've lost or misplaced your copy of the publication A Physician Guide To Contract Analysis

copies are still available from the
Colorado Medical Society Physician Services Division.
Telephone (303) 779-5455 or 1-800-654-5653
for ordering information.

This publication is available to members and non-members alike.



Reference Committees: “Who Serves, Who Selects”

by Stuart O. Silverberg, MD
Speaker of the House of Delegates
Colorado Medical Society

Every six months the direction, administrative and legislative policies of the Colorado Medical Society are established by the House of Delegates through resolutions. The Board of Directors and Executive Committee of the Colorado Medical Society are charged with the implementation of these policies.

Resolutions submitted by Delegates, Component Societies, CMS Councils and Committees are reviewed by Reference Committees. Reference Committee members hear testimony—some articulate, some passionate, some emotional—but all committed and significant. Once testimony is complete, the reference committee has the very important task of consolidating the diversity of thought and opinion into a single position on which the House of Delegates will vote.

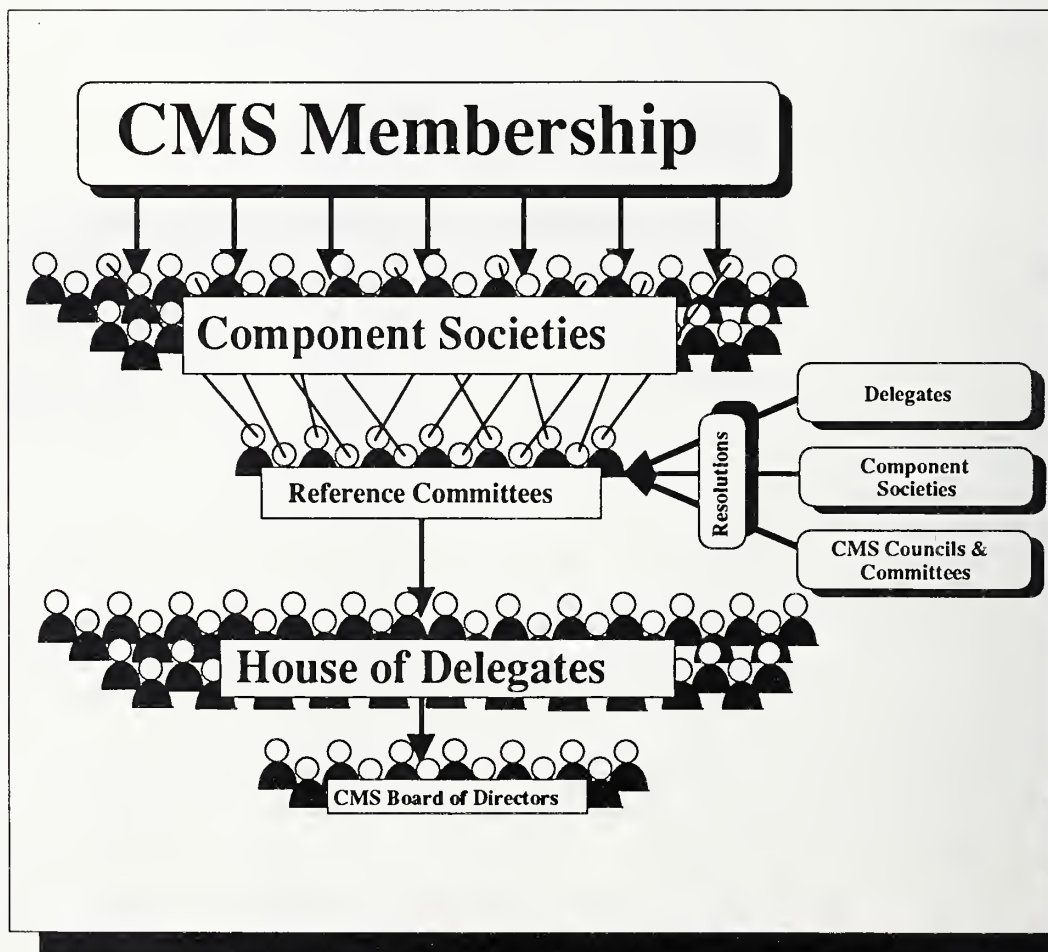
Every Delegate has an equal chance to serve to on a Reference Commit-

tee. To insure this, the Speaker of the House is requesting each Component Society to poll their Delegates for those members interested in serving on a specific Reference Committee and submit their names in order of preference to the Speaker by January 1, 1991.

The Speaker will appoint all nominees by order of preference to the Reference Committees. One Delegate

will be selected from each Component Society. If the primary Delegate is absent, the Component Society's second preference will be appointed.

The role of Reference Committee members is very important. All interested CMS Delegates/Alternates are urged to serve by contacting their Component Society's leadership.



Spalding Celebrating 25 Years of Service (Oct. 90)

Dear Bill;

We appreciate the good story about Spalding in your October issue.

A couple of corrections, for the record. Spalding has 124 beds, not 1324! And Dr. Richard L. Stieg is Executive Medical Director of several outpatient programs, not Medical Director of the entire system. We do not have one overall medical director, but each hospital unit and program has its own medical director.

Again, thanks for your support.

Patricia B. McClearn
Spalding Rehabilitation Hospital

Group Practice Journal underscores the absolute necessity of information management in all areas of medical practice in its May/June 1990 issue. I encourage all physicians to develop an active interest in this rapidly developing discipline. This can be implemented by developing a Center for Excellence Concept at the medical staff level which will then focus the activities of interested numbers of each medical staff in situation analysis, problem solving and decision making at a very practical level.

Thank you for your support!

George O. Thomasson, MD, Chairman
Committee on Medical Informatics

Rural Health Care (Aug. 90)

Dear Dr. Thomasson,

I wanted to thank you for your editorial in *Colorado Medicine*, August 1990. I have great interest in rural medicine. I'm a physician here in Limon (and was previously in Penrose) by choice. I know there are very few of us, and I do appreciate your support. I would be more than happy to sit down with you or anyone else and share my thoughts on rural health care.

Sincerely,

John E. Fox, MD
Plains Medical Center, Limon, CO

Medical Informatics (Nov. 90)

Dear Editor:

Thanks for highlighting the importance of Medical Informatics with the articles included in the November issue of *Colorado Medicine*. As Chairman of the Committee on Medical Informatics, I am looking forward to a busy and stimulating year with that group as it accepts the challenges in this domain presented to Colorado physicians.

It is interesting that many of the issues you highlighted in those articles were recently emphasized in a talk at the University of Colorado Medical School, presented by the Editor of the *New England Journal of Medicine*, Arnold S. Relman, MD. In addition, the

...and the Hotline (Nov. 90)

Dear Bill:

I enjoyed the November issue of *Colorado Medicine*. I wonder when those of us old fogies, who don't even know how to turn a computer on can find instructional courses to bring us up to speed in modern times. Any suggestions?

Also, I am delighted to see that the Hotline may actually come into being. As you recall, the PPAC recommended this strongly to the Board of Directors, after you proposed it to us, probably about two years ago. Is it possible that something PPAC recommended actually has slipped through the society's lawyers? Or, maybe, persistence indeed will out.

Sincerely yours,

J. O. Cletcher, Jr., MD

Got a problem or concern?

We welcome your input. You may write about any subject we have covered (or should cover) in *Colorado Medicine*, or something you think is of importance to the medical society as a whole.

Please address your letters to:

Managing Editor
Colorado Medicine
Colorado Medical Society
PO Box 17550
Denver, CO 80217-0550



Back Office Can Cost MD Precious Time and Energy

by George S. Conomikes

A prominent physician once told me that he approached his back office as he approached his bedroom—reluctantly, often impulsively, and usually in the dark. One of the least examined areas of the medical practice is the activities in the back office.

Our studies of the activities, motions, patient flow and communications patterns of many practices have shown us significant time losses, needlessly spent energy and direct effects on productivity.

The following suggestions assume that the physician wishes to maintain a satisfactory flow of patient contacts, with as little “down” time as possible. Also, we are interested in conserving the physician’s energy-effort expenditure (and that of his back office personnel).

Don’t have patients waiting in back office areas. They are seeing too much. They may expect to be able to converse with physicians or nurses. They don’t like being “shuttled” from reception room to back office waiting area to examination room. They get in the way.

Have examination rooms in a smooth flow. Don’t have your consulting room in the middle of two, three or four examination rooms. You will overuse the consulting room or you will

“...he approached his back office as he approached his bedroom”

waste steps walking past the consulting room, which should be at one end or the other of your examination rooms layout.

Try to make the examination room work. Most physicians are finding that their entire patient contact can take place in the examination room.

Don’t overuse the consulting room. Patients don’t expect it; it slows you down and may involve you in redundant conversation.

The biggest time-wasting flow is meeting the patient in the consulting room; then examining in the examination room; followed by a “results” session in the consulting room.

You may think the patient is getting more personal service, but in fact the patient is being made to wait for you three times rather than once.

Don’t be interrupted. One of our studies of a dermatologist’s practice indicated, on the average, that each patient-physician contact was interrupted three to four times by phone calls. It’s rude to the patient, and it

slows you down. Most calls can be held for a call back.

Try to make the examination room as small as possible. Save steps; be able to reach most things you require for examining the patient. Be able to have more examination rooms rather than a few large ones. Have

reading matter on hand for the patients so their waiting time doesn’t drag in the examination room.

Observe the 40 inch rule. Most things used most of the time in the examination room should be within 40 inches (your reach capability) of where you are usually located when working with the patient. This means lights and light switches; instruments; dressings; gloves; depressors; towels; medications; and maybe the wash basin. Don’t walk where you can reach.

Keep cabinets within reach. Wall cabinets that hold frequently used supplies should not necessarily be located flush to the ceiling. Sometimes they should be lowered for easier access by you and your aides.

Have a minimum of three examination rooms. If you leave Room 1, and the patient in Room 2 is a “quickie”, the patient in Room 1 may still be dressing or grooming. You are stopped if you don’t have a third examination room with a readied patient.

Have a “work station”. Rather than a

Save Time and Energy...

...from previous page

traditional nurse's station, there could be a working surface within the flow of the back office, out in the open with two phones, one for the doctor and one for the nurse. Nursing stations that are behind walls mean that you can't easily see the physician(s).

A good "work station" can be used by the doctor, as well as the nurse, for most call-backs; calls from other physicians; writing of quick notes; hospital contacts; quick conferences with nurses and/or colleagues; and dictation.

Set up a communications system. It is good to have some sort of signaling device (pull out flags, discs, lights, etc.) that indicates who's in the examination room — patient, doctor, or nurse. Also, some sort of system, such as a buzzer, to call a nurse or technician, is generally helpful in reducing physician down time.

Don't "lose" the nurse. Many doctors complain that their nurse is not there "when I need her". Usually, this is related to the fact that he really has not properly integrated her into his work pattern and preferences. Sometimes it is due to her being unnecessarily interrupted to handle tasks (patient phone calls, hospitals, pharmacies, labs, etc.) that could be deferred for a few minutes.

Arrange for a break time. It may be helpful for some practitioners to consider improving their flows by taking a break time of about 15-20 minutes every 90 minutes. This time would be utilized by the physician and his nurse to do their call backs, chart review and communication with others in the practice.

In this way patient contact time could be maximized. Less interruption would result, and a helpful change of pace from "hands on" medicine is built into the busy practice day.

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The Council on Legislation held its first fall meeting on November 8, 1990 to discuss proposed legislation for the 1991 legislative session. CMS representatives have spent considerable time and effort in working with coalitions on Medical Durable Power of Attorney issues and state regulatory initiatives. We invited a number of guest speakers to the COL meeting to discuss their positions on the following initiatives.

Medical Durable Power of Attorney

Susan Buchanan, J.D., representing the Colorado Bar Association discussed the proposed legislation concerning the Medical Durable Power of Attorney. She explained that the proposed legislation recognizes legal authority of a court-appointed guardian or an agent, appointed by the patient before incapacity occurred. The agent is appointed in a document known as a "medical durable power of attorney" which contains authority and specific personal guidelines expressing the patient's personal values and concerns.

An individual without a guardian or medical power of attorney is also protected by the proposed legislation by using a surrogate decision maker. The patient's spouse, adult child, parent, adult sibling, or other relative acting in good faith with reasonable and convincing knowledge about the patient's wishes, may serve as decision maker. The law would allow the patient, any of the designated surrogates, or any health care provider who is treating the patient to seek judicial review. The powers that may be exercised by a guardian, agent, or surrogate decision-maker include the authority to consent to, or to refuse, medical treatment. The definition of "medical treatment" encompasses surgery and artificial nourishment

"...action at the next council meeting"

explained Ms. Buchanan.

Dick Brown, Lobbyist for the Denver Medical Society, explained that he believed that there needed to be more work on the section involving the surrogate process.

The COL will continue to study this proposal and take action at the next council meeting.

Health Department Access to Medical Records

Richard Hoffman, M.D., from the Colorado Department of Health discussed proposed legislation concerning the Authority of the Department of Health to Inspect and have Access to Medical Records in order to Investigate and Control Diseases and Conditions Dangerous to the Public Health. The proposed legislation addresses the availability of patient medical, coroner, and laboratory records to authorized personnel of state and local health departments for the purpose of investigating diseases and conditions dangerous to the public health. Access to these records would

be strictly confidential. The records would not be released to any institution except under any of the following circumstances: (a) that no individual person can

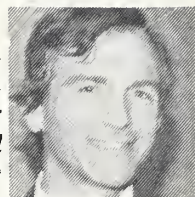
be identified, (b) if necessary for the treatment, control, investigation, and prevention of diseases of public health significance, and (c) request of the person in interest with written authorization except as provided in 25-4-1404(1). This legislation was proposed because of the need for improved access. The council suggested several changes to the draft legislation and asked Dr. Hoffman to the next council meeting to present these modifications.

Sunrise/Sunset Proposals: Athletic Trainers and X-Ray Assistants

Marge Block and Brad Mallon from the Colorado Department of Regulatory Agencies discussed several legislative proposals up for review by the Sunrise/Sunset Review Committee.

Athletic Trainers & Medical Acts: This bill would allow qualified athletic trainers to render Certain services, performance of which would otherwise require a license to practice medicine.

Donald Parsons, MD, Chairman, Council on Legislation
with
Sue Ellen Quam, Director, Department of Government Relations
and
Lorraine Koehn, Program Manager/Lobbyist



Lobby...

continued

The purpose is to direct the medical board to make regulations that would conform with current "life" situations, such as a football team may have a "house" physician who cannot be at every practice/game but a qualified athletic trainer could be present to provide assistance. The bill directs the state board of medical examiners to promulgate rules and regulations specifying the types of services which a qualified athletic trainer may provide.

X-Ray Assistants: Required hours of training and education for all unlicensed persons administering machine sources of ionizing radiation shall be a minimum of 50 clock hours but no more than 150 hours. This standard shall apply to all persons in medical settings other than hospitals and similar facilities licensed pursuant to section 25-1-107. The education and training may be obtained through programs approved by the appropriate authority of any state or through equivalent programs and training experience as determined by the Board of Medical Examiners.

The Council on Legislation will take action on these proposals at the next meeting.

Leaders in Health Legislation



Among the many Colorado legislators to whom the citizens of the state owe a debt of gratitude for their outstanding work on health care legislation is **Senator Claire Traylor**, who serves on the Joint Budget Committee, the body responsible for setting Colorado's spending priorities. Senator Traylor has often gone the extra mile to sponsor and promote bills related to health care.

We look forward to another great year for the health of the citizens of Colorado with such outstanding legislators on the job!

In the other house, a new face is expected to make a lot of progress toward better health care in Colorado because he has unique first hand experience. That face belongs to **Patrick J. Sullivan, MD**, a Urological Surgeon from Greeley and 22 year member of the Colorado Medical Society. Dr. Sullivan, in addition to his medical practice experience, has served for four years on the CMS Council on Legislation, scrutinizing legislative issues from the medical standpoint.



Thanks to 1989 and 1990 COMPAC Members



You made it possible for the Colorado Medical Political Action Committee (COMPAC) Board of Directors to provide \$51,258 to 74 state legislative candidates. COMPAC funds were given to 16 unopposed individuals to assist with constituent mailings, newsletters, etc. Forty-nine candidates supported by COMPAC won their bids for election and 9 were defeated. That's an 84% success rate!

The American Medical Political Action Committee (AMPAC) responded to the recommendations of the COMPAC Board of Directors and contributed a total of \$52,500 to Colorado candidates seeking seats in the U.S. Senate and U.S. House of Representatives.

H.R. Safford, III, MD, COMPAC Chairman



*from Edie Register, Chairman, and
Lynne Northcutt, Program Manager
Health Care Financing Department*

Billing Medicare for Pap Smears

Screening pap smears for detection of cervical cancer became a benefit of the Medicare Program on July 1, 1990. Diagnostic pap smears are still a benefit of the Medicare Program as long as certain conditions are met. Billing methods will vary based on the reason the test is being performed.

Diagnostic paps are covered under Medicare when one of the following conditions exists:

1. Cancer of the uterus, cervix or vagina that is being, or has been treated;
2. Previous abnormal pap smear;
3. Abnormal findings of the vagina, cervix, uterus, ovaries or adnexa;
4. Significant complaint by the patient referable to the female reproductive system;
5. Signs or symptoms that might, in the physician's judgement be reasonably related to a gynecologic disorder.
6. Patients who have a personal history of a previous malignancy at another site will be considered on an individual basis.

Non-participating physicians must accept assignment

Diagnostic paps should be billed using the following codes:

- 88150- Cytopathology, smears, cervical or vaginal (e.g., Papanicolaou), up to three smears; screening by technician under physician supervision
- 88151- Cytopathology, smears, cervical or vaginal (e.g., Papanicolaou), up to three smears; requiring interpretation by physician

Screening pap smears are covered under Medicare when ordered by a physician under one of the following conditions (verbiage taken from Medicare Medical Policy):

1. She has not had such a test (paid by Medicare) during the preceding 3 years. Use ICD-9 CM codes V72.6, laboratory examination and V76.2 special screening for malignant neoplasms, cervix.
OR
2. There is evidence (on the basis of her medical history or other findings) that she is at high risk of developing cervical cancer and her physician recommends that she have the test performed more

frequently than every 3 years. Use ICD-9 CM codes V72.6, laboratory examination and V15.89, other specified personal history presenting hazards to health.

When billing screening pap smears the following codes should be used:

- Q0060- Screening Papanicolaou smear, cervical or vaginal, up to three smears; by technician under physician supervision
- Q0061- Screening Papanicolaou smear, cervical or vaginal, up to three smears requiring interpretation by physician.

REMINDERS:

1. Pap smears are considered clinical laboratory services. Non-participating physicians must accept assignment on these tests.
2. Physicians who are performing the physical examination and obtaining the specimen should not bill the pap smear code. These codes are for use by the laboratory or pathologist who are actually reading the slides.
3. Physicians should communicate to the independent laboratory or pathologist the diagnosis which best applies at the time the smear is obtained. The pathologist may then bill the diagnosis provided or the diagnosis based on findings when the smear is read.

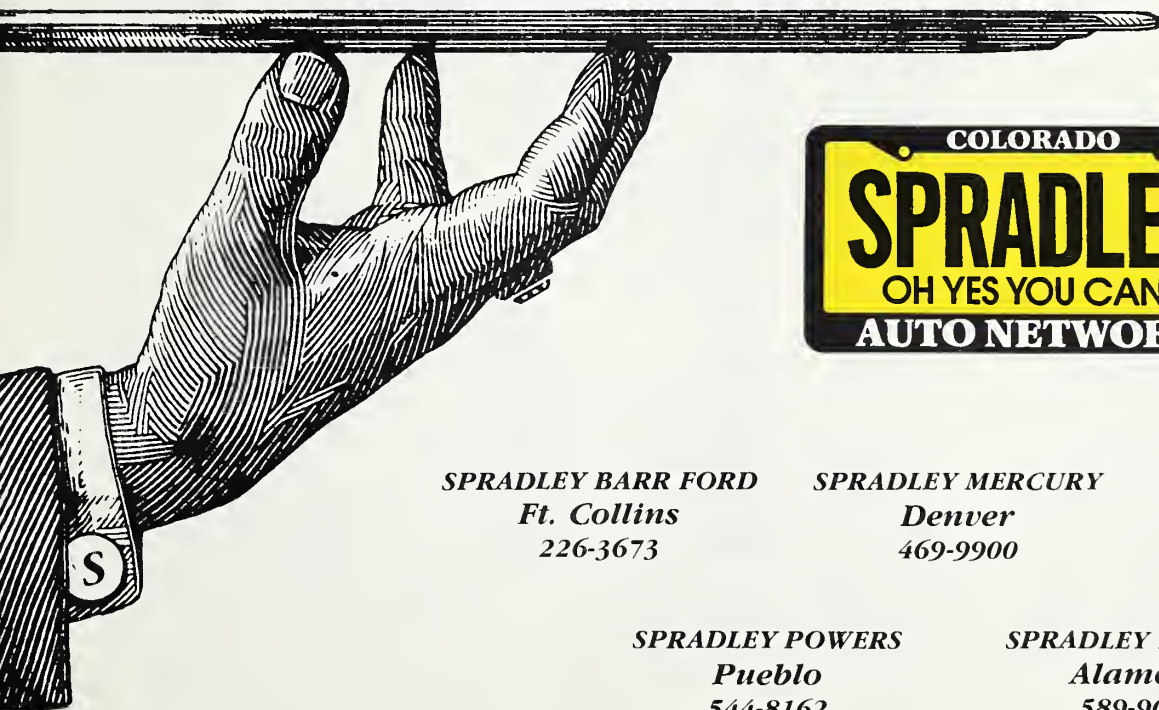
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Adverse Drug Reactions in Colorado

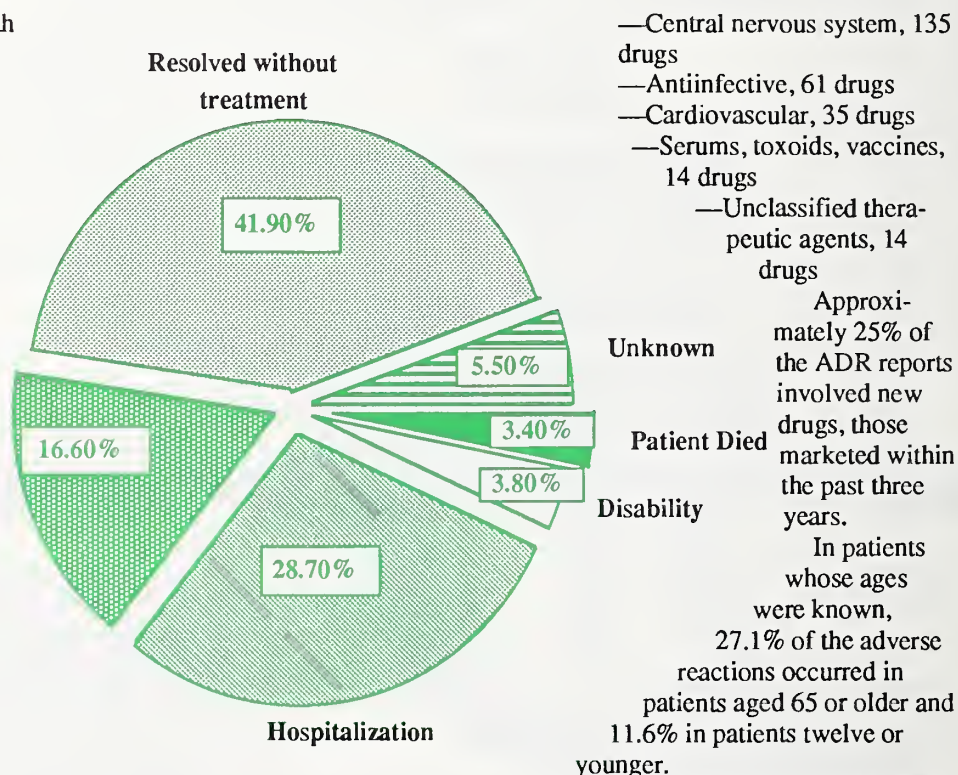
by Barbara Hruska, Adverse Drug Reactions Project Director and Consumer Health Protection Specialist
and Amy Sage, Information Specialist

Reaction Outcomes of Reported ADRs March, 1988 through March, 1990

Colorado physicians and other health care professionals reported nearly 300 Adverse Drug Reactions (ADRs) to the 32 month pilot Colorado ADR Reporting Program. The pilot project promoted the reporting of ADRs to detect potential drug related problems.

The Consumer Protection Division of the Colorado Department of Health conducted the project, from September 1, 1987 through April 30, 1990. It was supported by the Federal Food and Drug Administration and was a cooperative effort of the Colorado Department of Health, the Rocky Mountain Drug Consultation Center and Lutheran Medical Center.

More than 36% (105) of the 289 reports were classified as serious by FDA criteria (reaction outcome of death, hospitalization or disability). This compares to 30.2% received nationally by FDA from physicians and pharmacists during a comparable time period. Serious and unlabeled reactions are the most important from a



pharmacoepidemiological viewpoint and all such reports are processed and then forwarded immediately to FDA.

In the 289 reports received, 343 suspect drugs were identified. The reported Colorado ADRs occurred most frequently with the use of central nervous system drug agents, but were associated with 21 different drug classes. The following drug classes had the highest number of implications in reports:

The major goal of the Colorado ADR Reporting Program was to stimulate awareness of and interest in the FDA voluntary ADR Reporting program. This project served as a link between Colorado health care professionals and FDA.

"Physicians and health care professionals are encouraged to submit ADR reports because pre-marketing and clinical trials of drugs do not always discover all possible side effects in all types of patients," says Tom Messen-



Adverse Drug Reactions...

from previous page

ger, director of the Consumer Protection Division of the state Health Department.

Slightly over three quarters of the ADR reports were submitted by pharmacists. Hospital based pharmacists contributed a little over one quarter of all ADR reports. Physicians submitted approximately a fifth of the total reports, with hospital based physicians reporting 6.9%. Health professionals (physicians, pharmacists and nurses) were responsible for submitting 98.6% of the reports to the Colorado program.

In Colorado there are two methods for the reporting of suspected ADRs. Physicians, or their representatives may

call one of the numbers listed in this article, or complete and mail FDA form 1639 directly to the Colorado Department of Health, Consumer Protection Division, 4210 E 11th Ave, Denver CO 80220. ADR information may be reported anonymously if desired.

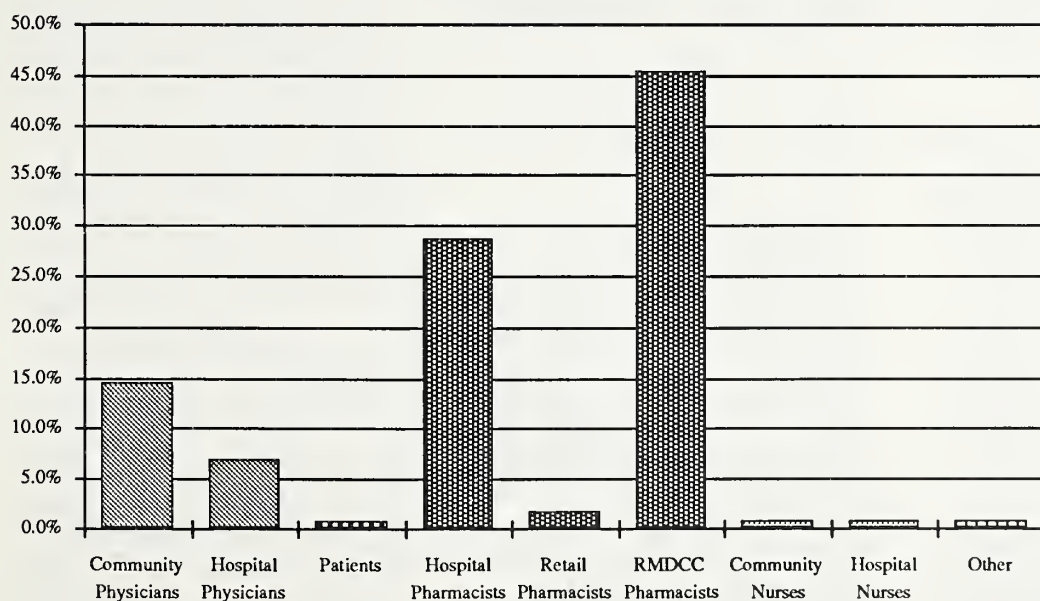
Physicians are encouraged to report:

1. Reactions which resulted in **hospitalization**.
2. Reactions which resulted in **disability**.
3. Reactions which contributed to **patient death**.
4. All reactions (serious or non-serious) to **new drugs** marketed in the last three years.
5. All reactions to established drugs which are **new and unexpected** and are not listed in the product labeling.
6. **Life threatening** reactions, whether

the patient is hospitalized or not.

The Colorado ADR Reporting Program has been extended by the Federal Food and Drug Administration for an additional three years because Colorado physicians and health care practitioners made the pilot project a success. The University of Colorado School of Pharmacy (Drug Information Center) will join the Colorado Department of Health and the Rocky Mountain Drug Consultation Center in educational interventions. Presentations describing ADR reporting and the effects reporting has had on removing medications from the market or in changing the labeling on drugs will be conducted in targeted hospitals in the Denver metropolitan area and in rural areas of the state through the UCHSC Area Health Education Centers.

Reporters of Adverse Drug Reactions



To report an Adverse Drug Reaction or for drug information, Call Rocky Mountain Drug Consultation Center at 1-800-332-6475, or University of Colorado Drug Information Center at (303) 270-8489, or Complete and mail Form 1639.



Criminal sentences face health care professionals in antitrust convictions

Excerpts from AM News, Oct 5, 1990

"What they have to watch out for... those few instances when...as independent contractors, (they) participate in group activities... to deal with managed care plans."

Three Arizona dentists have become the first health care practitioners convicted of criminal violations of antitrust law in more than 50 years.

While the three are not physicians, the moral for MDs is the same, agreed attorneys specializing in health care antitrust law. Those who fix fees, boycott health insurers, or allocate patient territories, they say, face the same felony penalties as the dentists — imprisonment and heavy fines.

"The primary physician reaction to this has to be, *'This could happen to me,'*" said William G. Kopit, a Washington, D. C. attorney with the firm of Epstein Becker & Green. "And that's just the reaction the government wanted."

The Arizona case is one of at least four Justice Department antitrust investigations of health practitioners. The department is also investigating physicians in Boston; Savannah, Ga.; and Bridgeport, Conn.; for alleged restraint of trade.

The three dentists, who practice independently in Tucson, were convicted Sept. 20 of conspiring to set the co-payment fees that they charged patients covered by local dental HMO plans.

The three face jail terms....when they appear before a federal judge Dec. 17 for sentencing.

Each dentist and the corporations of two of the three were found guilty of violating Section 1 of the Sherman Antitrust Act, which prohibits "every contract, combination in the form of a trust or otherwise, or conspiracy, in restraint of trade or commerce."

The three face jail terms of up to three years each when they appear before a federal judge Dec. 17 for sentencing.

Under federal sentencing guidelines adopted in November 1987, a sentencing judge is directed to order that felony antitrust offenders spend a minimum of four months in jail.

The dentists also face the greatest of: a \$250,000 fine, twice the amount derived from the price-fixing scheme, or twice the loss to patients because of the scheme.

In addition, the dental corporations owned by two of the defendants each faces the greatest of: a \$1 million fine, twice the amount derived from the price-fixing scheme, or twice the loss to the patients because of the scheme.

Besides possible jail terms and fines, the three also could lose their dental licenses, said Mat Wheeler, executive director of the Arizona State Board of Dental Examiners. He predicted that the board would review the dentists soon after their sentencing date.

The federal government has won numerous civil sanctions against health practitioners for violating antitrust laws in the last decade. But the Tucson convictions mark the first time since 1939 that the government has brought a criminal case against health practitioners for antitrust law violations.

In that earlier case, a Washington, D.C., jury found 21 officers of the AMA and the Medical Society of the District of Columbia guilty of conspiring to restrain the trade of a Washington, D.C.-based HMO, Group Health Assn.

The case, ultimately decided by the U. S. Supreme Court in 1943, found the two groups guilty of coercing their

Antitrust and dealing with managed care contracts. . .

members to turn down employment with Group Health, urging members to refuse to consult with Group Health physicians, and encouraging members to oppose hospital admitting privileges for Group Health physicians. The AMA was fined \$2,500, and the Medical Society of the District of Columbia was fined \$1,500. No one went to jail.

Although AMA General Counsel Kirk B. Johnson declined to comment specifically on the convictions, he criticized the Justice Dept. for bringing criminal, instead of civil, charges against health care professionals.

"The concept that the antitrust laws ought to be applied through criminal sanctions against the professions is, at this point, something that we have serious reservations about," he said. "The confusion by federal antitrust regulators and the courts over the application of antitrust law and the changes in the economics of medical care make the extreme sanction of criminal actions, in general, inappropriate."

And while the Tucson jury did cross a psychological threshold in convicting the dentists of crimes carrying possible jail terms, Washington, D.C. attorney Phillip Proger cautioned that physicians should not "oversensationalize" the case.

"There's a perspective here," said Proger. "Ninety-nine percent of what physicians do does not run afoul of the antitrust laws."

"What they have to watch out for, he said, are those few instances in which they, as independent contractors, participate in group activities with other independent physicians, to deal with managed care plans. "This is a very narrow area, and the problems in it can always be avoided."

Opinion in the classroom

(reprinted from the *Pueblo Chieftain*, November 19, 1990)

To the editor:

I have just finished attending the fall course of the People's Law School, put on by the Colorado Trial Lawyers Association.

While I do not always agree with them, I respect lawyers as members of a profession, as I expect them to respect me as a member of a profession. Consequently, because I know that if I misspoke or stated an error of fact about a lawyer or his profession I would have this called to my attention or protested I feel I have the duty to call to their attention a misstatement.

While many interesting facts were presented in the course, there were some subjects that would have to be classified more as opinion and politically motivated statements in favor of the positions taken by the trial lawyer lobby. There is not time or space to document all of these areas, however, there was one statement that I feel I cannot let go uncorrected.

The allegation was made in the course of one of the lectures that the doctors insurance company, COPIC, will assess a \$25,000 surcharge against any doctor who testifies on behalf of a plaintiff in a malpractice suit. This is not true and has never been true.

As COPIC is my insurance company and I know that I had never hear of this, I nevertheless read my policy from cover to cover, word for word, and sure enough, there is nothing to indicate such a thing.

I then called COPIC to verify this and found out that this allegation has been a false myth proliferated by the Colorado Trial Lawyers Association for several years.

I then obtained a written statement from COPIC regarding this and provided this to the course directors prior to the last meeting, but no statement was ever told to the class about this inaccuracy.

Consequently, the 60 or 80 people who were in the class, except for me, will now go out from the People's Law School having "learned" a completely inaccurate, groundless bit of information.

If a totally erroneous "fact", such as this can be stated and not corrected, it would certainly raise the question about how many of the other statements might be less than 100 percent true fact.

It was also alleged that the reason *The Pueblo Chieftain* has not published news articles about insurance companies using "scare tactics" to drive up insurance premiums was because Bob Rawlings, your publisher, is on the board of the Colorado Association of Commerce and Industry, an organization that the trial lawyers feel has worked against them regarding tort reform.

Perhaps Mr. Rawlings and the editors of *The Chieftain* would care to look into that and comment further.

Dr. Jarvis D. Ryals
Pueblo

So Long to a Friend



Dona Meacham, Administrative Secretary and "Bo" Fry, Vice President of Claims, Copic Insurance Company, at Dona's "So Long" luncheon.

From the very earliest days of Copic, Dona Meacham has been a good friend to a lot of people dealing with the

Claims Department of the insurance trust and company. When you deal with an insurance claims department, you need all the friends you can get.

Since starting to work for Copic (January 26, 1986), Dona has been Administrative Secretary, Claims (F. A. "Bo" Fry, Vice President). During that five years, Dona has been an excellent workmate for those at Copic as well as the Colorado Medical Society staff, and she'll be missed. With the relocation of her husband to United Air Lines, San Francisco, Dona left Copic November 16th.

Copic and CMS wish Dona the best and say "Thanks" to a good friend.



A monthly report of current and on-going activities of the Councils, Committees and Sections of the Colorado Medical Society. None of the information herein is meant to indicate a policy or position statement of the Colorado Medical Society. This report is designed only to inform CMS members of their organization's activities and study projects at the Council, Committee or Section level.

December, 1990

PHYSICIAN PATIENT ADVOCACY COUNCIL met on October 18, 1990. It has been decided that this council will meet on the fourth Wednesday of every month, in the evenings at 6:30 PM. Dr. McCartney, Chairman, has requested that we not cancel the summer month meetings. The Balance Billing issue was discussed at length, as was the Nursing Home issue. This council and CMS have been directed by the House of Delegates to follow-up on the Nursing Home issue with the Health Care Financing Administration central office.

COALITION ON SENIOR ISSUES met on September 18, 1990. Legislation concerning seniors was discussed, along with having other senior groups invited to join this coalition for more complete representation. It was decided that instead of meeting once per month, this coalition will meet every quarter.

MEDICAID PHYSICIAN COMMITTEE met on September 20, 1990. A proposed report for the Primary Care Physician program was handed out at this meeting. Discussion was held regarding the actual purpose of this report, and how to best present it to physicians. Discussed briefly was the Drug Utilization Review (DUR) Program. It was basically felt that this program needs to be re-explained to physicians to clarify what DUR is trying to do.

WORKMEN'S COMPENSATION ADVISORY COMMITTEE met on October 3, 1990. Strategy for the upcoming legislative year was discussed at length. Committee members had many ideas for formulating a new house bill. More will be reported on this subject at a later date. Medical Executive Group Committee Reports Page 2

MEDICARE ADVISORY COMMITTEE met on October 9, 1990. The Personal Care Directory is now ready for distribution to seniors. Discussion ensued regarding where the directories should be distributed. The Resource Based Relative Value Scale was discussed at length. It was stressed that physicians and the Colorado Medical Society need to comment to the Health Care Financing Administration on this issue.

COMMITTEE ON ACCREDITATION (John F. Yost, M.D., Chairman) met on Thursday, November 8, and approved continued accreditation of four intrastate providers of continuing medical education (CME), accepted three annual reports and three progress reports from intrastate providers of CME., received a report from Chairman John Yost on a recent ACCME Accreditation Conference he attended in Chicago, discussed evaluation summaries of the October 10 and 11 accreditation workshops. Approved "drug company sponsorship of CME programs" as the topic for the spring accreditation workshop to be held in

April or May., approved a proposed workshop for accreditation site surveyors to be held in April or May. and approved the following calendar for 1991 meetings to be held at 4:00 p.m. at CMS: February 7, May 2, August 1, and November 7.

COUNCIL ON PROFESSIONAL EDUCATION (Richard F. Bakemeier, M.D., Chairman) is working on several projects including a revised mission statement and an updated section on Professional Education in the CMS Policy Manual. Approval of these and other items are on the agenda for the November 29 meeting.

MINI-INTERNSHIP PROGRAM (Malcolm A. Tarkanian, M.D., Chairman): The Fall Mini-Internship program was held October 15-18, with the debriefing dinner at CMS offices on October 18. Intern participants included three individuals from the Swedish Hospital Board of Trustees and one individual in health services administration from the Coors Brewing Company. These internships were coordinated by David Knize, M.D. and Ruth Timberlake, Arapahoe County Medical Society, and David Doig, M.D. and Rene Hawthorne-Shriver, Clear Creek Valley Medical Society. We would like to thank the following physicians for hosting "interns": Peter Peterson, Martin O'Brien, Jerry Price, Robert Melzer, Leigh Truitt, Stephen Creer, Meredith "Bud" Miller, James Dreisbach and Joel Karlin.

COUNCIL ON COMMUNITY

HEALTH ISSUES Dr. Sherri Laubach has agreed to chair this Council. They met on October 24, 1990 to address Resolutions passed at the 1990 Annual Meeting,

RES-40-A: Elimination of all Smoking in Colorado Hospitals - The council suggested that CMS physicians should encourage any hospitals where they have staff privileges to initiate non-smoking regulations if not already in place. Existing regulations may be used as models for other facilities. Staff will work with the Colorado Hospital Association to target hospitals and medical staffs.

RES-41-P: Reducing Tobacco Sales to Children: It was suggested that CMS encourage the Colorado Legislature to pass a resolution supporting enforcement of existing laws prohibiting the sale of tobacco to children. The Coalition for a Tobacco Free Colorado is also working on this issue.

RES 42-A - Candy Products Depicting Tobacco: Options for discouraging the manufacture and distribution of these products were discussed.

RES-52-A: Donatable Organs - More information is sought from the medical student section regarding their intent when drafting this resolution.

Other items discussed included: **Tanning Parlors:** Ellen Stein, CMS staff, is representing the Council at meetings with members of the Denver Medical Society, the Colorado Department of Health and the Dermatological Society to address concerns about tanning parlors.

Death Certification Training: The first training session on death certification, as directed by RES 29-A - Deaths Related to Tobacco Use (AM 1990), was presented to the surgical residents at St. Joseph Hospital. The session will be modified as necessary and made available throughout the state.

MATERNAL AND CHILD

HEALTH COMMITTEE has agreed to provide review of selected perinatal deaths for the Colorado Child Fatality

Review Committee. Data collected by the Child Fatality Review Committee concerning deaths of children ages newborn to 17 years in 1989 is now available. This data will be used to determine trends, causes, and patterns in childhood deaths and focus on the issue of preventability. The major cause of death was determined to be prematurity with accidents listed as the next most frequent cause.

At the most recent meeting on September 26, Dr. Reginald Washington presented information on the topic of coronary artery disease in adults, questioning whether this should be viewed as a pediatric problem. Dr. Sharon Langendoerfer reported on the draft being prepared by the Perinatal Care Council for the management of babies born addicted.

The next meeting of the committee will focus on the review of proposed legislation resulting from the legislative interim committee on family issues. This committee was charged with studying the incidence and causes of the use of alcohol and drugs by women and children, and suggesting methods of prevention, intervention and treatment to address this problem. (In addition to three resolutions, the committee is proposing 4 bills for consideration by the legislature.)

SCHOOL HEALTH COMMITTEE is continuing to work on the problem of school nurses being allowed to train and supervise other school health personnel in the care of severely handicapped children in the schools.

They are also evaluating medical forms used for preschool and sports physicals in an effort to make recommendations to appropriate agencies who are responsible for their use.

The committee received a report concerning a vision screening program for school children that is being developed. Guidelines are being developed and will be reviewed by the committee.

SPORTS MEDICINE COMMITTEE, recently separated from the

School Health and Sports Medicine Committee has begun joint meetings with the Sports Medicine Committee of the Academy of Pediatrics. This committee reviewed the proposed legislation concerning athletic trainers. They recommended to the Council on Legislation that this bill be supported but expressed the following concerns: (1) there is no provision for certification of this group, (2) adequate, but not necessarily on-site supervision should be provided by physicians.

The committee has recently completed guidelines for the management of head injuries in sports and is considering additional guidelines for ankle injuries and fluid and electrolytes. Also considered are training sessions for coaches throughout Colorado to address medical issues for athletes and training for appropriate people in the removal of helmets.

COMMITTEE ON HEALTH ISSUES OF SENIORS This committee will now be chaired by Dr. Nora Morgenstern, director of geriatrics at the medical school and will begin the development of an agenda at the upcoming meeting on December 5.

COMMITTEE ON ENVIRONMENT has a new chairman, Dr. Stuart Ferguson, and will begin the process of reorganization and agenda development. Monitoring of activities at Rocky Flats will continue.

TASK FORCE ON AIDS The task force is in the process of developing a booklet for primary care physicians on pre- and post-HIV test counseling. The group also heard a comprehensive report on the findings presented at the International AIDS conference. Their next meeting is scheduled for December 13 at 6:00 p.m.

PHARMACY COMMITTEE has scheduled a meeting for November 20 to address RES 38-P approved by the House of Delegates at the 1990 Annual Meeting which concerns the substitution of generic drugs.



nother Point of View

by Richard M. Burton, M.D.
Colorado Springs, CO.

Reprinted from the El Paso County Medical Society Newsletter. Dr. Burton was writing in response to a Message From The President

I read the El Paso County Medical Society "Message From the President" (Aug. 1990) and considered the impact of what was said. What was said does not concern me, for I agree with much of the material. However, I have serious concerns about what was not said. As Ayn Rand pointed out in her 1962 speech and article, *"How Not to Fight Against Socialized Medicine"*, the lack of a morally righteous tone and the absence of moral certainty about defending free enterprise may have disastrous effects. Thus, I write this to defend democratic capitalism as it was first designed by our country's patriots and founding fathers.

First, to concede to the premise that we physicians are somehow less than caring if we don't succumb to socialistic systems is absurd. Medicine should not be enslaved because of this claim that anyone who wishes to make a profit is "selfish" or "greedy". The concept expressed by the government officials and lobbyists who propose socialized medicine is that doctors are "servants" of the public good. Contrary to using the term "servant", what we do is supply a "service" - herein lies the big difference. "Service" means work offered for trade in a free market, to be paid for by those who choose to buy it. In a free society, men and women deal with one another by voluntary and uncoerced exchanges; by mutual consent to mutual profit. Each person pursues his own interest and does not sacrifice himself to others. Things are traded, not given away. Doctors are not "servants". No free man is a

If we fail to fight for our rights in this "free society" we will lose them.

servant. Doctors are traders, like everyone else in a free market system. Most doctors know this but they are afraid to assert their rights.

Secondly, there is the question of medical care being a "right". Recall that Abraham Maslow's *"Hierarchy of Human Needs"* listed first the need for food and shelter; second came security (which can be presumed to mean medical care security as well). Thus, if we use the term "rights", food and shelter are more primal needs than even health care. I would point out that if it's unfair to pay for medical care, it is even more unfair to have to pay for food. People have the "right" to eat. Thus, shouldn't Washington pick up the tab? Shouldn't all of us be able to walk into any restaurant and order whatever we want, then have the restaurant reimbursed through federal funds for the "average cost per meal"? What do you think would happen to the nation's restaurants and chefs under this circumstance?

Third, it was pointed out that medical costs for "defensive medicine" have gone up 30% (it's actually closer to 33%). Coupled with this statement as the question about why medical costs are skyrocketing. The answer is right there. If you do a 12% GNP service and "defensive medicine" costs 1/3, then the real cost is 8% of the GNP and the legal system raises it another 4%

merely to allow physicians to "stay afloat".

Finally, look at the two major arguments about why we should have socialized medicine: First, the costs are beyond the means of most Americans; second, socialization will somehow reduce the cost (and not affect quality and quantity of care). As Milt Friedman, U. S. economist, points out, this second statement can be discarded out of hand - name one activity more economically efficient and effective which is or has ever been undertaken by a government than any private enterprise. As to the first, the people of this country must pay for the services one way or another; the only question is whether they pay for them directly, or indirectly through the government and its layers of bureaucracy. Which will be cheaper? In the end, if costs drop, services drop. It happened in England; it happened in Canada; it will happen here.

Great Britain raised the number of hospital administrators 51%, hospital personnel by 28%, and output dropped 11%. Is that progress?

The issue, I would remind those who try to throw the guilt and greed arguments our way, is not whether we care about patients — we do! The issue is whether a free market system should be allowed to turn physician traders into physician servants. If we fail to fight for our rights in this "free society" we will lose them. We should not be saying what we might be forced to do in someone's "crystal ball"; we should be showing the moral certainty that the system we have is already fair in a democratic system.

AM HIGH

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Lipids and Cholesterol in Children

*by Reginald L. Washington, MD
Pediatric Cardiologist
The Children's Hospital*

There are several known risk factors that lead to the development of premature atherosclerosis in the adult. Some of the risk factors are unalterable and include family history, male gender and internal metabolism.

The alterable risk factors include smoking, obesity, hypertension, sedentary lifestyle and hypercholesterolemia (more on this later). It is important to keep in mind that these risk factors have an additive or cumulative effect. In my opinion, no risk factor is more or less important than the other and, we as health care providers, have an obligation to advise our families to avoid known risk factors whenever possible.

Recently, one particular risk factor, cholesterol, has received a tremendous amount of attention. Let me again emphasize that it is only one of several risk factors. In the adult, a total cholesterol of less than 200 is thought to be safe and of no concern. A total cholesterol of 200 to 240 deserves further evaluation and dietary treatment. A cholesterol of greater than 240 requires strict dietary treatment and/or medication. In addition, an HDL cholesterol of less than 35 is thought to be abnormal.

There is no consensus regarding the interpretation of cholesterol values in

children. The national cholesterol study group is a blue ribbon panel that has been put together to arrive at some type of consensus regarding cholesterol in children. This panel is endorsed by the American Academy of Pediatrics as well as the American Heart Association.

The following guidelines may be useful until the final recommendations are available: In children over the age of two, a total cholesterol of 170 or less is of no concern at the present time. A total cholesterol of greater than 170 to 200 should be followed up with the fractionated measurement. If, on repeat examination, the LDL cholesterol is greater than 130 to 140, further workup is indicated. There is, unfortunately, not enough data available in children to fully evaluate the importance of the HDL cholesterol. Research continues in this area. Our lab and others have some preliminary data, but is too premature to make any statements.

Physicians Make a Difference in Domestic Violence Incidents

Victims of domestic violence typically enter the system through either the police department or the medical community, says Deborah Haack, Coordinator for Child Abuse and Domestic Violence Programs at the Colorado Department of Health. "Probable cause" arrest policies, which

allow police to make an arrest when there is reasonable belief that a crime has been committed, have been effective in what Colorado Trust Program Officer Marion Taylor calls the "first wave" effort to prevent domestic violence. Now medical professionals are being targeted to play a major role in the "second wave."

Ms. Haack says, "Domestic violence affects not just the criminal justice system, but the entire community. Medical professionals have a vitally important role to play in the survival of victims and in ending domestic violence."

With support from the Colorado Trust, the Colorado Department of Health, key members of the medical community and the Colorado Domestic Violence Commission have developed a series of training programs for physicians, nurses and emergency medical personnel. The course includes a comprehensive manual which addresses facts about domestic violence; costs and effects of battering; development of protocols; statewide resources and contacts; and an extensive bibliography and supporting articles.

The course, called "Domestic Violence: An Interdisciplinary Approach", has already been taught in Durango and Cortez, with more than expected success. Additional sessions are scheduled for Breckenridge, Fort Collins, Greeley, Glenwood Springs and Denver. For more information, call (303) 331-8293.

Multiple Sclerosis Research Progresses

Difficulty with balance and incoordination are often reported by multiple sclerosis (MS) patients, yet very little research address these symptoms. The Rocky Mountain Multiple Sclerosis Center is seeking to address that lack through a study using the Balance Master, a computerized device that enables physical therapists to measure balance difficulties and provide training in weight shifting and other balance strategies.

To be eligible for the study, patients should be between 20 and 65 and have stable multiple sclerosis with some balance problems. They should be able to walk on their own or with a cane. The first phase of the study is a nine week evaluation period, followed by possible treatment for 2-3 months. Insurance is desirable, as there will be a charge for the treatment portion. Contact Shinder Brar, Director of Physical Therapy at 649-6591 for more information.

The Rocky Mountain MS Center has also announced the receipt of a three year, \$162,631 grant for partial funding of the Tissue Bank, a resource for scientists around the world. The MS Center's tissue bank, unlike others, specializes in multiple sclerosis, with brain and spinal cord samples from more than 160 donors and signatures of intention from more than 275 prospective donors.

Dr. Ronald S. Murray, Director of Basic Research, says "The brain and spinal cord tissue in the bank is vital to our efforts to find the cause of MS." Dr. Murray says that tissue samples are

now being used by MS Center scientists to search for an infectious agent that may trigger an auto-immune response resulting in the destruction of myelin and to study the distribution of immune cells within areas of demyelination. A collaborative study with Stanford University has identified characteristics of T-Cells that may be involved in MS. For information on the Tissue Bank, call (303) 788-4053.

The Rocky Mountain MS Center, as the only comprehensive MS center in the region, provides diagnosis, second opinion, ongoing neurological care, inpatient and outpatient rehabilitation and psychological services, as well as clinical and laboratory research. It is affiliated with Swedish Medical Center, Spalding Rehabilitation Hospital and the Colorado Neurological Institute. For more information on the activities of the Center, call (303) 788-4030.



The Rocky Flats Health Advisory Panel is chaired by CMS member **Ellen Mangione, MD, MPH**, a specialist in Internal Medicine (board certified), Public Health and General Preventive Medicine. Dr. Mangione is also Director of the Disease Control and Environmental Epidemiology Division of the Colorado Department of Health and Assistant Clinical Professor in the Department of Preventive Medicine at the University of Colorado Health Sciences Center. She serves on the Advisory Panel on Nuclear Weapons Waste of the Office of Technology Assessment, the Information Systems Panel to develop the Comprehensive Epidemiologic Data Repository (CEDR) for Nuclear Weapons Facilities, the Health Issues Subcommittee of the Rocky Flats Environmental Monitoring Council and the Environmental Health Committee of the Colorado Medical Society.

CDH Contracts for Rocky Flats Study

The Colorado Department of Health has contracted with ChemRisk to conduct the Toxicologic Review and Dose Reconstruction study at Rocky Flats Nuclear Weapons Plant near Golden, Colorado. In twelve steps, the study will track chemicals and radionuclides which have been handled at Rocky Flats and how they might have affected humans either working at or living near the plant. The information will then be compiled into a research database for future studies and made available to those who might be affected.



Smoking Cessation Saves Lives

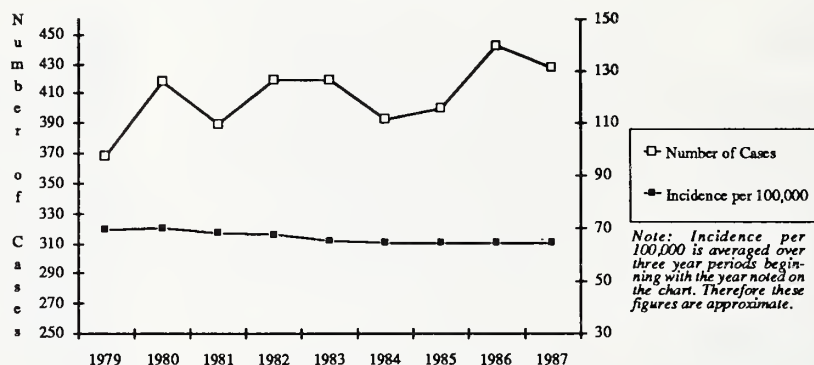
Of the more than 38,000 cases of Cancer in Colorado males in the past ten years, 17% have been cancers of the lung, exceeded only by Prostate Cancer in frequency. While early detection is vital in all

cancers, recent information demonstrates once again that "Cigarette smoking is the biggest single risk factor in the development of cancer. At least 85% of all lung cancer, the most common preventable cancer, could be eliminated if cigarette smoking were eliminated. This means that 800 cases of male lung cancer in Colorado a year are avoidable."

This information comes from *Cancer in Colorado Men, 1979-1987*, recently published by the Colorado Department of Health and the Colorado Division of the American Cancer Society. (For a copy of the report, call (303) 331-8920.) Black men had nearly twice the incidence of cancer of the lung compared to white men in Colorado, even though Colorado's total rate is 23% lower than the national average.

Studies have shown that physicians can have a great impact in motivating patients to stop smoking and the recent Surgeon General's Report indicates that life expectancy can be dramatically increased within a short time if a smoker quits. One program that has gained a lot of publicity is the Smoking Management Clinic in Summit County, operated by Undersheriff Gary

Lung Cancer Among Males in Denver Metro Area



Lindstrom and County Nurse Marilyn Repsher, RN.

Lindstrom says his is a personal interest in the problem, "I felt my smoking was controlling me," he says of 33 years on the habit, starting at age 12. "It is not popular to smoke now...when you go to restaurants or other people's homes. Most people I know don't smoke"

Do your patients worry about weight gain when they quit? "We tell them to expect to gain three to 10 pounds on the average," says Mr. Lindstrom, "but with me, I lost weight because I started to exercise. I run 10 Ks (6.2 miles) now. It is just amazing, when people quit smoking, their entire lives change and they begin doing things like going back to school, taking up running or changing their personal lives."

Ms. Repsher concurs with him on the benefits, but notes that even if people don't go this route, "A five to ten pound weight gain is not a reason to go back to smoking." She points out that the health risks of ten pounds of extra weight are far less than those of smoking, even if you do gain weight. She reports on a 79 year old man who had smoked for 60 years. "His wife had

passed away and he wanted to make some changes in his life.

Undersheriff Lindstrom says, "More than anything, I get pleasure out of seeing people change their lives, improve them. It is very gratifying."

For more information on the program, call (303) 573-7598 or 668-5230.

Here is a list of other smoking cessation resources from the Colorado Department of Health:
American Cancer Society, 2255 S Oneida, Denver, CO 80224, (303) 758-2030.

American Heart Association of Colorado, 1280 S Parker Rd, Denver, CO 80231, (303) 369-5433.

American Lung Association, 1600 Race St, Denver, CO 80206, (303) 388-4327.

Institute for Health Education, Lutheran Medical Center, 7777 W 38th Ave, Wheatridge, CO 80033, (303) 425-8350.

Louise Nett, RN, RRT, PSL Center, 1719 E 19th Ave, Denver, CO 80218, (303) 839-6817.

Porter Stop Smoking Clinic, Health Promotion Center, 2525 S Downing St, Denver, CO 80210, (303) 778-5778.

Smoking Management Clinic, Denver Presbyterian Hospital, 1719 E 19th Ave, Denver, CO 80218, (303) 839-6693.

Stop Smoking Center, Dr. Gerry Schmidt, 3900 Elati #162, Denver, CO 80216, (303) 458-1982.

*Warmest Wishes for the Holidays
and a
Happy and Prosperous New Year
to each of our many friends and associates from members of the
Board of Directors
of the
Colorado Medical Society
and the
Colorado Medical Society Auxiliary*

In lieu of sending individual greetings, these Board and Committee members of the Colorado Medical Society Auxiliary and Colorado Medical Society have joined together, making a generous contribution to the CMSA/AMA Education and Research Fund, thereby expressing their continuing faith in the future of medicine. With this "sharing card" they wish everyone the happiest of holiday seasons and the very best for the future

Dr. & Mrs. Robert A. Nathan
Dr. & Mrs. Tony Piccone
Lynn and Lois Hopple
Dr. & Mrs. Leroy Sides
Joseph A. Tyburczy, M.D.
Dr. & Mrs. Richard Talley
Marlene and John Sbarbaro
Dr. John and Diane Duffy Glissman
Franklin and Catherine Yoder

Dr. & Mrs. Carter M. Ballinger
John E. Eliff, M.D.
Virginia M. Hecht
Bernie and Eleanor Campbell
Dr. & Mrs. Gerald D. Brown
Dr. and Mrs. David C. Martz
Jerry and Mary Hanson
Bill & Bunkie Inkret
Dr. & Mrs. Muryl L. Laman

"Flash Cadillac" Flashes Back Again

El Paso County Medical Society Auxiliary welcomes "Flash Cadillac" for a third straight appearance at their New Year's Eve Gala at the Broadmoor Hotel in Colorado Springs. This is the fifth such Gala, following a resounding success last year, which raised \$15,000 for the Ronald McDonald House of Southern Colorado and the Lillian B. Morrison Scholarship Fund. In addition to \$8,000 for the Ronald McDonald House and \$15,000 for the Lillian B. Morrison scholarship fund (including proceeds from the annual Holiday auction) the Auxiliary raised about \$9,000 in its Annual Salute to Spring, half of which went to the Friends of the Pioneers Museum's Medical Heritage Hall.

El Paso County Auxiliary also raised \$1,800 through the Holiday Sharing Care for the American Medical Association Education Research Foundation (see above).



Pictured with the band are Jane Anderson (in black dress), Gala chairman and Auxiliary President Sandy Brightwell.



Dr. Farrington Honored

CMS Executive Director Sandra L. Maloney (left) joins 1990-1991 President John A. Sbarbaro, MD (right) and the assembled Board of Directors in honoring 1989-1990 CMS President John F. Farrington, MD (center) for his outstanding service. Dr. Farrington was presented with a hand carved statue of a physician as a token of appreciation for his service as President and as President-Elect. Illness had prevented him from receiving the award at the Annual Meeting in September.

Dr. Selner Elected



John C. Selner, MD, an Allergy Specialist from Denver, was elected vice president of the American College of Allergy and Immunology (ACAI) at the annual business meeting held in San Francisco in mid-November.

Dr. Selner has been a member of the Colorado Medical Society (CMS) for 25 years and an ACAI Fellow since 1981. He serves on the CMS Committee on the Environment and was instrumental (along with Dr. Lawrence Repsher, then chairman of the committee) in the preparation of a paper warning the public of the dangers of home exposure to Radon. He served as an ACAI regent from 1986 to 1989 and he is head of the Section of Allergy in the Department of Medicine at the

Children's Hospital. He is also consultant to the National Jewish Center for Immunology and Respiratory Medicine and a clinical professor in the Department of Pediatrics at the University of Colorado Health Sciences Center.

Dr. Williams Receives Award

Linda L. Williams, MD has been given the Outstanding Health Care Provider Award by the Colorado Prescription Drug Abuse Task Force. Denver Police Detective John Gray presented the award to Dr. Williams for her action on a request for a controlled drug which led to the arrest of the suspect, who is now awaiting trial. Dr. Williams is a Family Practitioner who has been a member of the Colorado Medical Society since 1987.

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214/761-9200

CMS Med Fax

MEDICARE - Says With A Sneer, "SIGN HERE, DOCTOR"

It has come to our attention that the Health Care Financing Administration (HCFA) has instructed the Medicare Carrier, Blue Cross and Blue Shield of Colorado, to send out budget update information and participation enrollment packets.

The information received by physicians in early December will be very inadequate and will not include your Disclosure Reports. These reports reflect your reimbursement and balance billing limitation (another name for Maximum Allowable Actual Charge) (MAAC).

The Carrier will be mailing your Disclosure Reports "around" January 31, 1991. Obviously, you will receive this report too late to allow you to make an informed decision on participation (par).

We have contacted the Regional Office of HCFA to verify what other opportunities the physicians will have to make participation decisions. CMS was told that terminations of current participation agreements will be accepted until 12/31/90. New par enrollments will also be accepted until 12/31/90.

A new enrollment period will not be offered after the Disclosure Reports are mailed in January. This means you must make your decision prior to knowing what kind of reimbursement and billing limitations you will have for 1991.

If you became participating prior to 12/31/90, and after CAREFULLY reviewing your Disclosure Report you wish to terminate this agreement, you must notify Medicare in writing. This must be done within two weeks. If action is not taken within this time frame, your current participation status will be locked in for the remainder of 1991.

In summary, if you think you may want to be participating you must sign and mail the agreement prior to 12/31/90. This is almost like signing loan papers with the blanks not filled in. You must read the information received in both mailings VERY CAREFULLY.

Knowing HCFA, this is subject to change without notice. Please contact CMS offices and your Congressional Representative with any concerns.

will likely change. Please request a copy of the RBRVS Summary which was done by CMS at no charge to its members. The summary discusses some of the major issues of the RBRVS and includes copies of the model fee schedule as well as the table of Geographic Practice Cost Indices. Copies of the Summary can be obtained by calling Debbie Jones at 779-5455 or 1-800-654-5653.

Colorado Medical Society provides the following listings of events as a member service only. Some events are approved for Continuing Medical Education credits. Information is provided by the sponsoring organizations. For more details, use the telephone contact at the end of the listing.

American College of Physician Executives
Physician In Management I
Sarasota, FL
December 3-7, 1990
ACPE, (813) 287-2000

CMS Med Fax

American College of Physician Executives
Chiefs of Service/Department Chair Program
Sarasota, FL
December 3-7, 1990
ACPE, (813) 287-2000
Long Island Jewish Medical Center
20th Annual Pediatric Update Postgraduate Course
St. Maarten, Netherlands, Antilles
December 4-9, 1990
Ann J. Boehme, CMP (718) 470-8650
University of Medicine & Dentistry of New Jersey,
et. al.
The HIV+ Health Professional
East Brunswick, NJ
December 7, 8 1990
James M. Foreman (201) 456-6325
Colorado AIDS Education & Training Center, et. al.
6th Annual Conference on AIDS
Hyatt Regency-Tech Center
January 11, 12, 1991
Peter Ralin (303) 893-6300
American Academy of Pain Medicine
Annual Refresher Course in Practical Pain Management
Miami Beach FL
January 17, 1991
(312) 645-0083
American Academy of Pain Medicine
7th Annual Conference
Miami Beach FL
January 18, 19, 1991
Peter R. Wilson, MD (507) 284-8312
American Cancer Society
Cancer Treatment Options for the 90's
Vail, Colorado
January 23-26, 1991
Karen Holtman, (303) 758-2030
American Medical Political Action Committee
Candidates Workshop
Atlanta, Georgia
January 26, 27, 1991
Lorraine, (303) 779-5455 or 1-800-654-5653

National Jewish Center for Immunology and Respiratory Medicine
Diagnosis and Treatment of Allergic Disorders
Sheraton Denver Center
January 31, 1991
Adele Gelfand, (303) 398-1359
American Diabetes Association, Colorado Affiliate
28th Annual Colorado Diabetes Institute
Beaver Run Resort
February 5-9, 1991
(303) 778-7556
Johns Hopkins University School of Medicine
32nd Annual Postgraduate Institute for Pathologists in Clinical Cytopathology
Home Study & Baltimore MD
February-April, 1991
John K. Frost, MD (301) 955-8594
National Jewish Center for Immunology and Respiratory Medicine
3rd International Conference on Pulmonary Rehabilitation and Home Mechanical Ventilation
Denver Hyatt
March 10-13, 1991
Adele Gelfand (303) 398-1359
Physicians for Social Responsibility
Healing the Planet: Swords into Plowshares
Atlanta, Georgia
March 21-23, 1991
B. Lenore Hall, (202) 785-3777
Long Island Jewish Medical Center
Controversies in the Management of Breast Cancer
New York, NY
April 12, 13 1991
Ann J. Boehme, CMP, (718) 470-8650
National Conference on Prescription Medicine Information & Education
Managing Diversity in Medicine Communication
Washington, DC
April 21-23, 1991
NCPME (202) 347-6711
Long Island Jewish Medical Center
Vascular Surgery 1991
New York
May 16-18, 1991
Ann J. Boehme, CMP, (718) 470-8650

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William S. Pierson, Managing Editor

Michael P. Thompson, Assistant Managing Editor

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